

# **RADIOLOGIC TECHNOLOGY PROGRAM STUDENT HANDBOOK**

**Radiologic Technology Program  
Diagnostic Imaging Department  
Health Professions Division  
Orange County Community College  
Middletown, New York**

**5/15/2023**

Dear Student,

Welcome to the Radiologic Technology Program at Orange County Community College! This Student Handbook covers clinical, classroom and some college policies & procedures. These policies are meant to protect you, protect your patients, and adhere to Health Department Law.

In the Health Professions, and the Radiologic Technology Program in particular, the faculty and staff are all working together to enhance your learning experience. Ultimately, it is all about our patients getting the best care possible. Your success in clinical with patients is tied to your success in the Classroom and Lab Courses and that is why we have high standards. This Student Handbook makes known to your ramifications of poor academic progress (Example Policy 27) as well as excellent progress (Example Policy 43), in addition to numerous other important policies and procedures.

This Student Handbook is a required text for your Introduction to Radiography. In this course, the instructor will go over policies in this Handbook in preparation for your clinical courses. It is your responsibility to read this document in its entirety and become familiar with the rights and responsibilities of all radiography students.

As Chairperson of the program, I will be available to answer questions relating to your rights and responsibilities. I personally want to wish you every success as you begin your radiography education.

Sincerely,

Professor Nicole Rushing MPS R.T. (R) (CT)  
Department Chairman  
Diagnostic Imaging Department

## **Radiologic Technology Program Mission**

The Radiologic Technology Programs seeks to provide each student educational activities to develop the necessary professional, communication, clinical and critical thinking skills for the purpose of graduating entry-level radiographers who demonstrate professionalism in the clinical setting. (November 2016)

## **Radiologic Technology Program Goals**

1. Students will demonstrate critical thinking skills.
2. Demonstrate clinical competence in relation to their knowledge and technical skills.
3. Students will exhibit professional behavior.
4. Demonstrate effective written and oral communication skills.

(April 2019)

## **STUDENT LEARNING OUTCOMES**

A student who successfully completes the Radiologic Technology Program can demonstrate knowledge, proficiency, and dexterity in the following:

1. Perform routine radiography exams
2. Perform non-routine radiology procedures
3. Evaluate radiographs for diagnostic quality
4. Demonstrate knowledge through Clinical Test Exams
5. Practice patient safety and radiation protection
6. Demonstrate professional behavior
7. Demonstrate effective oral language skills
8. Demonstrate effective writing skills

(April 2019)

## **PHILOSOPHY**

The foremost concern of the Department of Diagnostic Imaging is the ability of the Radiographer to provide high quality patient care. Without this, the Radiographer, the patient, the community, and the entire profession suffer. If the Radiographer does not possess the attributes of providing high quality compassionate patient care, then the medical and technical knowledge obtained will have all gone for naught.

## **METHODOLOGY**

All didactic courses will be correlated with the clinical experience to assist students in understanding the principles of Radiography. Clinical experience will allow you to apply those principles as they relate to medical, preventive, diagnostic, and therapeutic medicine. Emphasis will be placed on developing that ability of application to a variety of patient care requirements. Teaching and service will be directed toward developing the competency of students in the art and science of radiography, the ability to promote a concept of the health care team, with an appreciation of each member of the team.

## STANDARDS FOR THE RADIOLOGIC TECHNOLOGY PROGRAM

Radiography at the associate degree level includes several essential cognitive, physical and psychosocial functions. Among the most important are providing direct care for individuals and applying knowledge in the skillful performance of radiography functions. This includes being able to assess patients, perform exams, and report on patient conditions. Patient conditions include but are not limited to wounds, fractures, child abuse, communicable diseases, blood and other body fluids (see also 35.0 Technical Standards).

In order to successfully complete program outcomes, students must possess sufficient:

**A. Visual acuity** (including but not limited to) the accurate preparation and administration of contrast agents, image evaluation (i.e. artifacts, pertinent pathology, exposure details), prescription/exam accuracy, IV insertion, and for the critical observations in client assessment while in the radiographers care.

Visual acuity is defined as:

- 1) near clarity of vision at 20 inches or less (corrected), and
- 2) far clarity of vision at 20 feet or more (corrected).

**B. Auditory perception** to receive verbal communication from clients and members of the health care team (i.e. surgeons directions in the operating room, doctors directions in the emergency room during trauma cases) at reasonable tone, to hear sounds depicting changes in client status (i.e. choking during contrast exam), and to assess the physiologic condition of clients through the use of assessment equipment and monitoring devices (i.e.: cardiac monitors, stethoscopes, IV infusion pumps, safety alarms) and radiation devices (exposure rotor/switch, 5 min radiation warning, radiation door alarms etc).

**C. Ability to smell** odors that indicate changes in the physiological status of the client, or unsafe environmental conditions.

**D. Fine and gross motor coordination** to respond promptly to and to implement the skills required in meeting client health needs in all health care settings in routine and emergency care.

This includes having:

1) fine motor coordination, such as in assessing a client's pulse, preparing and giving contrast agents (oral or enema), preparing injectable agents, IV insertion for contrast, maintaining asepsis, sterile technique, or performing other radiography skills.

2) gross motor coordination, with the ability to move freely while observing, assessing and performing all aspects of client care (i.e. hygiene, changing (or assisting), usage of positioning aids for immobilization), large motorized equipment (C-arm in surgery & mobile units at bedside), fluoroscopy and ceiling mounted equipment.

3) ability to lift and support at least 35 pounds to reposition, transfer, and ambulate clients safely. See additional information under E. physical health.

**E. Physical health** to maintain wellness at a level that promotes functioning at maximum capacity and that avoids placing clients and other health care workers at risk for illness and injury. This also includes standing for long hours wearing heavy lead in the operating room or performing numerous orthopedic cases requiring repetitive bending to the floor for lower extremity exams.

**Note:** clinical sites do not allow for restrictions such as lifting/weight limits, standing limits, braces (i.e. ankle or wrist), walking boots, casts or so forth. One must be cleared completely “without restrictions” to participate in clinical and possibly lab as well.

**F. Ability to communicate** with clients and members of the health team, including the ability to:

- 1) speak clearly and effectively to clients and members of the health team.
- 2) communicate in ways that are safe and not unduly alarming to clients, family members, and other members of the health care team.
- 3) read and comprehend written course materials, read and interpret client care documents, and read and follow health care institution policies and procedures.
- 4) write in a legible, accurate and concise documentation style which is appropriate, using grammatically correct English language.

**G. Intellectual function, cognitive ability, and emotional capacity** to plan and provide care for individuals, implementing skills and new technology.

H. **Psychological stability** to perform at the required levels in the clinical portions of the program.

When students exhibit conduct and behavior which the faculty or clinical site determines to be inconsistent with providing effective and safe care, the faculty reserves the right to remove students from the immediate setting including behavioral intervention documentation with the Wellness Center. Ethics which assure the exclusion of substance abuse, and/or the use, possession, distribution of illicit drugs, engagement in illegal activities, or activities and behavior deemed unethical by the Department or the College’s student conduct standards.

## **DEPARTMENT TELEPHONE NUMBERS**

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**1.0 CLINICAL EDUCATION ELIGIBILITY:** In order to be assigned to clinical education courses and to continue the assignment, the student must meet the following requirements:

**1.1** Be a matriculated student in the Radiologic Technology Program.

**1.2** Have maintained a minimum cumulative grade point average of 2.0.

**1.3** Pass all radiography courses with a minimum grade of 75% (C+) in each, pass Image Evaluation with minimum of 75%, and score at least 65% or higher on each clinical test.

(2/2021)

**2.0 CLINICAL COURSES:** Students are required to take five clinical courses at area hospitals during their two years in the program.

**2.1 Transportation** - On days when classes are held off campus, it is the students' responsibility to arrange transportation to and from clinical sites, at their own expense.

**3.0 CLINICAL EDUCATION HOURS & ASSIGNMENTS:**

**3.1 Hours** – The clinical duty hours for students are 8:00 am to 4:00 pm\*. However, Clinical Practicum IV & V each have a course requirement of one week of evening hours (1:00 pm. – 9:00 pm.). This means that students must be ready to start performing cases at 8:00 am (1:00 pm for evening rotation). Students are encouraged to arrive at least 15 minutes before the shift. Punctuality requirements for evening hours are the same as day assignments.

Clinical 1 is held on Tuesday and Thursday of each week that the college is in session for the semester. Clinical 3 & 4 are held on Monday, Wednesday and Friday of each week that the college is in session for the semester. Clinical 2 & 5 are held Monday through Friday for 12 weeks during of each week that the college is in session.

\*COVID has forced the program to alter clinical hours at times to include different shifts when needed such as 9 – 5 or other variations during these turbulent times in order for students to meet clinical requirements and acquire experience. The depends on the site, semester, and positive rates in hospitals or the county.

(5/8/21)

**3.2 Evening Hour Rotations:** A student who is absent from an evening rotation MUST make-up the evening assignment during the same semester that the absence occurred. This must be scheduled in advance with the Clinical Coordinator. You do not need to make up evening rotations if there is a class activity scheduled during the day (case presentation, clinical test, etc.) or a day that falls on a date that the college is officially closed (snow cancellations, etc.).

(8/2012)

**3.3 Off Hours** – Students are not allowed to enter radiology/imaging departments during non-clinical hours without the permission of the hospital Radiology/Imaging Department Administrator and Clinical Coordinator.

(12/7/94)

**3.4 Summer Clinical** – Clinical 2 and 5 are held Monday through Friday (40 hours/week) each week for the 12 week summer semester.

(8/2012)

**3.5 Clinical Site Assignments** – Students are usually assigned to one clinical site in their Junior year, and reassigned in their Senior year. However, it is sometimes necessary to reassign students in addition to this practice.

While student preferences are considered, the Clinical Coordinator cannot always assign students where they want.

There are a limited number of hospitals that act as clinical education centers. The Program and students are guests at these clinical sites. If, in the unlikely situation where a student is dismissed from a clinical education center by the hospital administration, the student may need to wait out a year to re-enter the program sequence.

(7/13)

**4.0 ATTENDANCE IN CLINICAL:** Good attendance is crucial if one is to get the most from their clinical experience. The more cases a student actively participates in, the more they will learn. It is the students' responsibility to keep track of their own attendance record.

Attendance and punctuality may be more important than students realize. The number one question faculty get when asked for a reference is probably about attendance and punctuality. Administrators at the hospitals (those who hire and also give references) notice these things as well. With this in mind we encourage you to be on-time and communicate your days off. (1/15/98)

**4.1 Calling In Sick/Absent –** In addition to clinical skills, clinical courses are designed to teach important work skills and procedures. The procedure to report an absence from work is an important one. Students' must develop and demonstrate professional skills in this area. It is unprofessional to not show up to clinical without a phone call, as it may inconvenience the flow of the department, other students assignments for the day and of course, our patients.

**SICK DAYS:** In addition to calling in sick to your clinical site by 8:00 a.m., **you must e-mail the department secretary by 8:00 a.m.** This email must have the student's name, date and absent in the subject line – example:

**John Student – Absent – June 24**

**No need to give an explanation.** Simply put the above listed information in the Subject Line of your email and that will be enough.

In addition to notifying the school and clinical, **one must notify their clinical instructor(s) via text or phone call.** At the start of clinical instructors will give directions and contact information.

**NOTE:** Some students use their smart phones to e-mail. Students sometimes say that the e-mail didn't go through when using their phone. Regardless if communicating by smart phone or PC, your e-mail must arrive to the College **before** 8:00 a.m. If there is some concern that your smart phone will not send the e-mail on time, **in addition to e-mailing**, you may call the College department secretary **before** 8:00 a.m. and leave a message.

Students who do not communicate late and sick days properly may have their Professional Competency portion of their grade lowered. (8/2012)

**4.2. ATTENDANCE SHEET:** In addition to a main clinical site, students are often scheduled at another Hospital or Imaging Center. It is the students' professional responsibility to know when and where they are scheduled for clinical. In these times when students are scheduled at a location other than their main clinical site, they must take their Attendance Sheets with them to sign in and out. **FAXING Attendance Sheets from clinical site to another is not acceptable and the clinical time will not be counted.**

- Attendance Sheets are only be filled out by a supervisor or a staff radiographer. It is unprofessional for a student to fill in the time and then have someone sign off.



- It is the students' responsibility to make sure that the attendance is filled out accurately and legibly.

- It is a student's professional responsibility to hand in attendance sheets on time to the Clinical Coordinator.

- Students should make a copy of their attendance sheet before handing them in.

**4.3 Lateness** – A student is late if they are not in their assigned area and ready for patients at 8:00 a.m. (1:00 p.m. evening shift). Signing in at “8:00 a.m.” indicates that the student did not arrive early enough to ready themselves for the day.

A student who is late, leaves early, or does not return from lunch in a timely manner, will have time deducted from their accrued bank time in ¼ hour increments.

If a student will be late to clinical they must call the clinical site before 8am to notify them. It's unacceptable to be a “no call no show”. In addition, if a student will be late to clinical or has to leave early, **they need to notify their clinical instructor(s) as well** via text or phone call as directed the first day of clinical.

**4.4 “Emergency Time-Off”** – The purpose of emergency time-off is for use in unforeseen personal events (sick days, family emergency, car trouble, doctor appointment, etc.) Students earn 3 emergency days (7.5 hours X 3 = 22.5 hrs) at the start of each clinical semester. Hours do not roll over, the time is wiped clean at the end of the clinical semester and at the start of a new, students get 22.5 hours total again. (8/6/22)

**4.5 Extended Illnesses** – A student who is unable to attend clinical due to an extended illness or extenuating circumstances will not be able to complete the course requirements and will be withdrawn from the course. A doctor's note or other additional supporting documents may be required. (8/6/22)

**4.6 Weekends, Overnights and Hospital Holidays** – Students may not attend clinical on weekends, evenings, nights or hospital holidays. The only exception to this rule is in Clinical Practicum 4 & 5 when students are scheduled for 1 week of evening hours(1:00 p.m. – 9:00 p.m.).

A student who is absent from an evening rotation MUST make-up the evening assignment. The time must be scheduled in advance and approved by the Clinical Coordinator. (8/15/97)

**4.7 Excessive Absenteeism** – Students who were absent in excess are required to make-up that time at the end of the semester, **BEFORE** the start of the next semester. Students who are making up missed clinical time are not allowed to participate in clinical competency testing. Students are not allowed to progress into the next clinical course owing clinical time. (1/23/2023)

It takes time, experience and practice to not only to be successful in the field of Radiography but to ensure patients are receiving quality care and patients are not being put at risk. **Students missing 50% of clinical experience time will not be allowed to make up the time and will be withdrawn from the clinical course.** If extenuating circumstances exist, the student's situation will be reviewed on a case-by-case basis. (8/10/17)

**4.8 Semester/Program Requirements** – Regardless of how much time students have banked or how many days they take off, they must still fulfill their clinical course requirements. (1/15/98)

**4.9 Taking Time Off** – Students should use their banked time in a professional manner. When students know in advance that they will be taking off time/days the student should inform the hospital and Clinical Coordinator. Any time that students will be taking nonscheduled time off, they must contact the hospital directly. Communication is the key.

Students are free to take portions of a day off for doctor's appointments, car-care, mental health, etc.

There is no early dismissal from clinical. Students who wish to leave early must use their personal banked time.

**4.10 Lunch** – Lunch is an important part of the students' day. You need time to gather your thoughts, have something to eat and rest up. It's also required by NYS Law. Students are given 60 minutes for lunch with the understanding that the Clinical Instructor may use a few minutes of that time for clinical conversations. (8/16/22)

In order to give our patients the best possible care, students are **REQUIRED** to take this full 60 minute lunch break, regardless of the time they sign in or out for the day. Students **are not allowed to skip lunch and leave early and/or arrive late. Students cannot be treated as employees.** (8/16/22)

**4.11 Leaving the Clinical Site** – Students are discouraged from leaving the clinical site during lunch. However, a student who wishes to leave the clinical site must notify the clinical instructor and return promptly at the appointed time. In the **absence** of a college clinical instructor, the hospital clinical instructor or Floor Supervisor should be notified. (7/10/06)

**4.12 Religious Absence** – Students who exercise their right to miss class because of religious beliefs will have an opportunity to make up missed written work with no penalty. Because of the nature of clinical, we are unable to provide additional clinical learning opportunities missed due to a religious absence. A religious absence is a planned event, and students should endeavor to make the most of every learning opportunity and complete their requirements before and after such an absence.

Students, who are absent for religious or any other reason, are still responsible for completing the course requirements. (5/20/05)

Students are encouraged to read the entire policy on Religious absences found in the College Catalog.

**5.0 RULES AND REGULATIONS AT CLINICAL:** The student is a guest in the clinical site. The student is subject to all of the rules and regulations of the clinical affiliation(s). Failure to follow the rules of the clinical affiliate may result in disciplinary action.

Health Care is a serious career. The well-being of patients are in our hands. Students who **REPEATEDLY** (more than once) violate the rules and regulations at clinical are subject to grade reduction (as low as an "F") and **are ineligible for readmission to the Radiologic Technology Program.** (8/1/18)

**5.1 Dismissal from Clinical** – The clinical affiliation has the right to dismiss, from that affiliation, any student who demonstrates a breach of clinical site rules and/or displays unethical behavior. Such a dismissal may be for the rest of the scheduled clinical day OR permanently from that site for the duration of the student's enrollment in the Radiologic Technology Program. If a student is dismissed from clinical after the beginning of the semester it is impossible to reassign

them due to the administrative tasks involved. There is no guarantee that the student will be reassigned to that, or any other, clinical site. (7/10/06)

**5.2 Dismissal by Hospital Administration** - Students who are dismissed from a clinical site by the administration of that site, during the scheduled clinical time should notify the **PROGRAM CHAIRMAN IMMEDIATELY**. Each dismissal will be handled on an individual basis. The Chairman of the Diagnostic Imaging Department and the Clinical Coordinator will meet with the student as well as talk with the administration of the clinical site to discuss the situation.

A student who is dismissed by a clinical site will have an opportunity to appeal this decision through the College's Student Grievance Procedure. (2/9/04)

**5.3 Dismissal by Clinical Instructors** - Clinical faculty have the authority to dismiss a student from clinical (for the day) for failure to adhere to any of the policies established in this Student Handbook (No markers, missing or inadequate clinical paperwork, going to clinical sick, etc.).

Clinical Instructors will notify the Clinical Coordinator of such dismissals. Students who are dismissed from clinical by their Clinical Instructor must also email the Clinical Coordinator to notify them of the dismissal. Students are not to return to clinical until they meet with the Clinical Coordinator. Students who are dismissed from clinical under these circumstances may have their bank time docked for the dismissal and any subsequent time missed from clinical due to failure to adhere to policies.

**5.4 Communication Skills** - There is a certain level of professionalism required of students in the Radiologic Technology Program. Communication skills (written, verbal and non-verbal) must be worked on with the same attention to detail that performing the technical aspects of any Radiologic exam requires. Communication must not only be appropriate, but must be effective. Appropriate communication skills must be used not only with patients and their families, but with peers, staff Radiographers, clerical staff and Clinical Instructors.

Students must recognize the extent of the experience staff Radiographers and Clinical Instructors have compared to their own, and communicate in an appropriate tone and volume. Clinical discussions are not emotional, argumentative, confrontational or manipulative.

**5.5 Swearing / Objectionable Language** – Students are required to adhere to a higher level of professionalism in the clinical setting than they are in their personal lives. Students are to eliminate swearing or objectionable language of any kind from their vocabulary while at clinical – regardless of how low you are speaking or whether you think that there is no one around. Students who are using such language, will be subject to disciplinary sanctions as described in the Code of Student Conduct published in the College-Wide Student Handbook.

## **6.0 INSURANCE**

**6.1 Malpractice Insurance** – All Radiologic Technology students are covered with malpractice insurance once they register for clinical courses. The insurance fee is collected along with the tuition for each clinical course.

**6.2 Accident Insurance** – All accidents must be reported to the Clinical Coordinator, Chairman, Wellness Center and the Hospital Imaging/Radiology Department Administrator so that a Hospital Incident report can be completed. (4/15/19)

## **7.0 HEALTH POLICIES/BACKGROUND CHECKS**

**7.1 Health Physical** - Students entering the program must pass a health physical examination. The health physical is documented on a form provided by the college. Failure to comply with the health physical requirements will prevent a student from attending clinical and incur a late fee from the Wellness Center.

**7.2 Second Year Health Physical** – Prior to starting the second year of study, the student must submit a second health physical. The health physical must be scheduled within a specific time window to be valid – wait until this time is announced or ask the Clinical Coordinator.

**7.3 Alcohol and Drug Use** - Students in the Health Professions are required to undergo screening for alcohol and drug use as well as criminal background check as outlined in the College Catalog.

Students found using alcohol and/or drugs may be removed from clinical and dismissed from the Program and College.

Despite a student having a medical marijuana card or the fact that marijuana might be legalized, students cannot be under the influence or test positive regardless. Alcohol is legal yet doctors, nurses, technologists, and medical students cannot be drunk in the field. No one can be under the influence of substances.

Students cannot be under the influence by any means while in lecture, lab, or at clinical nor can they come to class smelling of such substances. Clinical sites and program officials can require students to undergo a drug test and provide results at any time including random drug testing or for suspected use at the expense of the student. (5/8/21)

**7.4 Medications** – Students may not attend clinical while taking any medication that contains alcohol or any other medication that may impair their performance. Please discuss any questions about your medication with a Wellness Center Nurse. (7/10/06)

**7.5 Communicable Disease** – Healthcare workers and students encounter various types of diseases in the clinical setting. Students must adhere to universal precautions guidelines to protect themselves and the patient to the best of our ability.

Should a student be diagnosed with a communicable disease that could be spread to others at clinical or in lab like the flu, chicken pox, COVID, tuberculosis, etc., they must report such diagnosis to the Clinical Coordinator. The student will not be allowed to return to clinical until they are cleared by a physician and a note presented to a Wellness Center nurse. Students will receive instruction in communicable diseases (including TB) and universal precautions in the Methods of Patient Care course.

Students will receive instruction in communicable diseases (including TB) and universal precautions in the Methods of Patient Care course. (8/16/22)

**7.6 Tuberculosis** – All students are required to be tested for tuberculosis prior to beginning their first clinical rotation and yearly thereafter. If exposed to TB at clinical, the student may need to go through additional testing to confirm no presence of active disease.

**7.7 Illness During Clinical** - If a student should feel ill during clinical it should be reported to the clinical instructor or department supervisor. The student may then leave clinical and use their “Bank Time.”

It is the Clinical Instructors' responsibility to protect patients. If the student appears ill, the Clinical Instructor may send the student home (regardless of whether the student agrees or not).

If in the opinion of the Clinical Instructor (or the designated charge person) a student should receive emergency care, but the student declines, a comment sheet will be filled out and placed in the student's folder for documentation purposes.

### **7.8 Needle Stick Procedure-**

1. **Immediately** cleanse the wound with soap and water allowing the wound to bleed freely into the sink to wash away contaminants. Then stop bleeding and cover the wound. Mucous membrane exposure should be flushed with water.

2. Notify immediate supervisor or clinical instructor and proceed to the Emergency Room. Ask that the supervisor or instructor promptly notify the college. Notify immediate supervisor or clinical instructor and proceed to the Emergency Room if the supervisor or instructor deems it necessary. Clinical sites without an Emergency Room will transport students to the closest hospital Emergency Room if deemed necessary.

3. In the ER, it is recommended that you be evaluated clinically and serologically for evidence of HIV, HBC or HCV infection, as soon as possible after exposure. Students should have laboratory testing and prophylaxis for blood borne viruses at this time.

4. You must file a clinical site incident report, obtain a copy of the report as well as a copy of the treatment plan of the treating physician, and the Wellness Center as soon as feasibly possible to be eligible for medical coverage. (5/15/01)

5. The ER visit should consist of HIV, HBV and HCV antibody titers immediately being drawn with post-test counseling. If the student does not have a private MD, the Emergency Room staff may refer them on the date of service at the clinical site. (4/18/00)

6. If the student's baseline titer is negative, they should be re-tested periodically for a minimum of 1-year post exposure. Students should report and seek medical evaluation for any acute illness that occurs during this follow up period. If the results are positive, students must discuss their options with their physician. (4/18/00)

**7.9 Injury at Clinical –** Should a student be injured at clinical, an incident report must be filed **IMMEDIATELY** with the clinical site. The Clinical Instructor, clinical site supervisor and Clinical Coordinator must be notified immediately and an incident report filed with the Wellness Center as soon as feasibly possible. If these incident reports are not filed with the Wellness Center, the student may be responsible for any medical bills incurred.

### **7.10 Injury at Clinical Procedure –**

1. Immediately cleanse any open wounds with soap and water allowing the wound to bleed freely into the sink to wash away contaminants. Then stop bleeding and cover the wound.

2. Notify immediate supervisor or clinical instructor and proceed to the Emergency Room if the supervisor or instructor deems it necessary. Clinical sites without an Emergency Room will transport students to the closest hospital Emergency Room if deemed necessary.

3. Notify the Clinical Coordinator of the injury promptly. If you are unable to telephone the college yourself, ask the supervisor or instructor to do so.

4. You must file a clinical site incident report; obtain a copy of the report as well as a copy of the ER treatment plan if the Emergency Room physician saw you.

5. The incident report, ER treatment plans and an insurance report must be filed with the Wellness Center as soon as feasibly possible to be eligible for medical coverage. (4/18/00)

**7.11 Latex Allergy Protocol –** Approximately 0.8% of the population is latex sensitive. The Diagnostic Imaging Department recognizes that while the incidents are relatively low, the student

contact with latex gloves during specific laboratory activities is rare or nonexistent. In addition, exposure to latex in clinical sites is rare. It is the responsibility of the student to monitor their exposure to latex products in the clinical setting. When in doubt, assume the product contains latex and alert the floor supervisor/Clinical Instructor that you require to work with non-latex products. (8/10/2017)

### **7.12 Health Insurance Portability and Accountability Act of 1996 - Confidentiality –**

Students are prohibited by law from disclosing healthcare information to anyone other than those involved with direct care of the patient. Healthcare information includes name, date of birth, address, social security number or other number, health condition, insurance policy, procedure and any psychotherapy. The information may not be released to anyone without a written consent from the individual. This is not only an ethical issue, but now a legal issue since it involves Federal and New York State law. The details of HIPAA will be taught in class. Any healthcare information acquired through written or oral communication regarding patients or other persons (including fellow students) is deemed Protected Health Information and is covered under HIPAA. Students caught accessing any patient files (self, friends, family etc.) without the proper written release forms from the clinical affiliate will be subject to college sanctions and may be dismissed from the Radiologic Technology Program. (7/10/06)

### **7.13 TAKING PICTURES AT CLINICAL**

This policy is related to **7.12**

**Pictures at Clinical:** Because of the potential for violating HIPAA privacy regulations, students shall not take any pictures, videos, etc. that include a patient or patient diagnostic images. There shall be no candid pictures, pictures that include unaware people in the background or other confidential images/information. In addition, there shall be no pictures, videos, etc. taken that include any identifying information of the clinical site (Hospital/Imaging Site name). (11/1/16)

### **7.14 Background Checks**

Clinical sites reserve the right to require yearly background checks from a vendor of their choosing. (11/1/16)

**8.0 HOSPITAL STRIKE/JOB ACTION** - Students are not permitted to participate in any strike or job action while on clinical duty. Any time there is a strike or job action, the student should check with the Clinical Coordinator or Department Chairman for further direction. At no time should a student attempt to cross a picket line to enter the hospital.

**9.0 DRESS CODE:** The student must be compliant with the Radiologic Technology uniform (which includes the approved clothing as well as required accessories and paperwork) whenever class meets off campus at hospital clinical sites.

The faculty reserves the right to dismiss a student from clinical who does not adhere to the department dress code while in the clinical setting. (5/13/02)

Students who **REPEATEDLY** (more than once) violate the rules and regulations at clinical are subject to grade reduction (as low as an “F”) and **are ineligible for readmission to the Radiologic Technology Program.** (8/1/18)

**9.1 Professional Appearance/Personal Hygiene** - All students are required to present a professional appearance at all times. It is the patient's right to be treated with dignity and care. It is also required that all students practice good personal hygiene habits.

**9.2 Uniform & Identification** – Students must wear the form of identification, which is required, by the affiliated clinical site. In addition, each student must wear their SUNY Orange

picture ID and the school patch embroidered on the left sleeve of the uniform. When performing radiologic exams on incarcerated patients the student shall remove their name identification badge until the exam is completed. Students must still identify themselves to the patient by their first name. Radiographic Markers should never be placed over the student's name or picture on the picture ID. (7/19/06)

The student may not wear any part of the uniform in another work setting that would indicate they are a student radiographer from SUNY Orange. For example, a student may have a job in a doctor's office or as an aide in a local hospital. Wearing school identification would give patients and visitors the idea that a student is on "official" clinical time. (3/11/96)

The program's clinical uniform **MUST** be purchased through a designated company. The Clinical Coordinator will distribute the ordering information in the fall of the first semester. This information will contain the description of the designated uniform. No substitutions are permitted. It is the student's responsibility to order and pay for their own uniform. (7/19/06)

**9.3 Jewelry -** Jewelry must be worn modestly. The following is permitted:

- A.** Simple rings or wedding bands may be worn;
- B.** No more than two earrings from the lobe to the Tragus. Earrings must be modest with those in the lobe smaller than a pencil eraser in size as an example. In the tragus must be small, thin bar or stud, no hoops. All other earrings must be taken out or a small clear or flesh color plug in its place (inconspicuous). Anyone with large gauges needs to use flesh color plugs (This applies to all students)
- C.** Bracelets are not permitted (except medical alert bracelets);
- D.** Necklaces are not recommended, but may be worn if simple, singular and short.
- E.** No other jewelry is allowed. (8/16/22)

**9.4 Lanyard –** Lanyards that are worn around the neck are not permitted. (10/19/03)

**9.5 Radiographic Equipment/Paperwork –** A technique book, wristwatch, dosimeter, ballpoint pen, 2 sets of x-ray markers, Pink Semester Requirements Sheet, Repeat Sheet, and Yellow Program Requirement Sheets are all part of the uniform. A student not having any one of these items will be considered out of uniform and will be sent home. Students may return to complete the day, or take Bank time for the remainder of the day and not return to clinical.

**9.6 Radiographic Markers -** Left and Right radiographic markers are used to legally identify the side of the patient as well as the Radiographer or student who made the radiograph. Markers must not be loaned to another student or Radiographer. Usually, the person doing the positioning should use their markers. (5/3/02)

Should a student lose one marker, they must order a replacement immediately so as to maintain two full sets of markers. These students may continue attending clinical.

Students who do not have a least one complete set of markers, are not allowed to attend clinical until they order and receive new markers. (7/2007)

**9.7 Shoes/Sneakers –** All white sneakers/shoes required for clinical. These sneakers may have white piping, but no other colors or sporting logos are permitted. White shoe polish should be used for marks on shoes if bad/noticeable. Clinic sneakers and shoes must be clean, free from stains, tears and excessive wear. All clinical sneakers/shoes, which have exceeded their professional life, must be replaced.

For safety reasons, no clogs, sling backs or slide on shoes are permitted.

(8/6/22)

**9.8 Hair** – The hairstyle must be neat in appearance. Hairstyle and color must be modest and professional. Hair that is longer than shoulder length must be worn up or tied back off the face (ponytail). (5/13/02)

**9.9 Makeup** - Excessive make up is NOT permitted. Strong perfumes, aftershaves, body lotions or soaps are not permitted.

**9.10 Underwear** – Underwear must be worn with uniform & must not be visible through the uniform.

**9.11 Facial Hair** – Mustache, sideburns, and hair must be trimmed, neat and professional in appearance. Long beards or bushy facial hair is not permitted.

**9.12 Finger Nails** – Finger Nails must be kept to a length of no more than 1/4” past the end of the fingertip. The nail color must be clear or sheer (have to see nail beds visible) and must be chip free. Students are **NOT** permitted to wear artificial nails or tips of any type. (4/2019)

**9.13 Embroidery** – No personalized embroidery on uniforms or lab coats. (8/15/97)

**9.14 Tattoos** – Every attempt must be made to cover up visible tattoos at clinical. Tattoos will be discussed on a case by case basis and covering might include using make-up, bandages, sport wraps, long sleeves or other means. (4/15/19)

**9.15 Body Piercing** – Tongue piercing and visible body piercings are **not** allowed in clinical.

**9.16 Uniform Cost** – Radiologic Technology student uniform must be worn whenever class meets off campus at hospital clinical sites. The current cost of uniforms can be found on the department web page and is the students’ responsibility. Damaged (torn, worn, stained etc.) uniforms must be replaced at the students’ expense. Uniforms must be clean, fresh and if necessary pressed. Wrinkled uniforms are not allowed in clinical and the student will be sent home.

**9.17 Classroom/Lab Dress Code**

Students can wear street clothes to classes but it should be modest. We suggest that you wear non-offensive/non-controversial T-Shirts.

In Radiologic Technology Lab classes, there are times when your instructor will give you special instructions. For example, students might be instructed to bring/wear shorts to facilitate practicing positioning for the Knee/Lower Leg or students may be told that they should be prepared to take off their socks and shoes when practicing positioning for Feet, Toes and Ankles, etc. (students will be informed of these dates in advance).

Because of safety concerns working around x-ray equipment, clogs, sling back, sandals and open toe shoes are not permitted in Radiologic Technology Labs and during Open Lab Practice/Tutoring times.

In Clinical 2 & 5, there is a Case Presentation assignment. On the day of the presentation, students are required to dress in a more professional manner (details when we get there).

In general, students automatically put on their lab coats and are ready for lab when the class starts (the instructor should not have to tell you to do this). However, there are times when the lab is very warm and the instructor will make the decision that lab coats aren’t required for that day.



Religious beliefs – Orange County Community College recognizes the importance of students' individually held religious beliefs. The Radiologic Technology Program will consider a request by a student for a reasonable accommodation in terms of Clinical & Lab attire in accordance with federal, state and local law.

The Radiologic Technology Program will make every effort to grant Accommodations of religious beliefs in terms of attire. However, Accommodations may be difficult in light of Health & Safety issues for students and patient care.

(8/14/19)

Students requesting a Clinical attire accommodation based on religious beliefs should first make a written request to the Radiologic Technology Clinical Coordinator.

## **10.0 RADIATION PROTECTION AND RADIATION DOSIMETERS:**

**10.1 Radiation Practice** – A student is required to exercise sound radiation protection practices at all times. At no time should a student participate in a procedure that exhibits unsafe radiation protection practices.

**10.2 Holding Patients/Image Receptors** - A student shall NOT hold a patient or Image Receptor while exposures are occurring. In addition, the student shall NOT take the exposure while a radiographer is holding a patient. (10/2015)

If a person is required to hold during exposure, the person must be a NON-RADIATION worker as per NY state law.

**10.3 Dosimeter** – Radiation dosimeters are only to be worn on the uniform or lab coat/jacket collar. The student has full responsibility for having the radiation dosimeter with them in the clinical setting and at school for all laboratory classes. A student will not be allowed to attend clinical or laboratory classes without a dosimeter.

Students must wear their dosimeter during a lab class even if a quiz or test is scheduled for that period. (5/3/02)

For accurate radiation readings, it is important that nothing be placed on the dosimeter (stickers, lead arrows, etc.). It is also important not to leave the dosimeter in warm or hot areas (like a car). (5/3/02)

**10.4 Loss of Radiation Dosimeter** - Any accidents or loss of the dosimeter must be reported immediately to the department chairman. A replacement fee applies to lost monitors.

A student who has lost or damaged their dosimeter will not be allowed to attend clinical or laboratory classes and will have to pay to have a new dosimeter shipped by overnight mail (cost approximately \$90). (5/3/02)

**10.5 Changing Dosimeter** - The student is responsible for changing their dosimeter with the Radiation Safety Officer. If a student fails to bring in their dosimeter on the specified date, the student will not be allowed to attend clinical and/or lab and will be marked absent for those days. (5/10/02)

**10.6 Radiation Reports** – Students will regularly be given reports of their radiation readings. These Radiation Monitoring Reports will be made available to students within thirty (30) school days following receipt of data. Students are required to initial these reports next to their names as evidence that they have read this information. The Radiation Safety Officer (RSO), the

Department Chairman, is available to answer questions about the radiation monitoring report. At program completion, graduates receive a copy of their final radiation monitoring report.

(9/18/15)

**10.7 Alert** - Although 30 mRem is an extremely small radiation reading, any student who receives this amount or more during any given monitoring period will be counseled by the Radiation Safety Officer (RSO) to try and identify the source of the exposure.

**10.8 Dosimeter Fee** – The student must pay the dosimeter fee to the bursar by the specified date to be eligible to attend clinical and lab courses.

**10.9 Shielding Policy** - Whenever possible, cover the gonads of both sexes with a shield during imaging.

**PURPOSE** - To protect tissue of patients from radiation exposure that may cause genetic mutations during many medical x-ray procedures as part of ALARA and keeping radiation exposure as low as possible.

**PROCEDURE** - A great deal of changes have occurred in the area of shielding with information published by the American Association of Physicists in Medicine. The important takeaway is shielding should not increase a patient's radiation exposure for any reason. This might be due to the fact that it accidentally covers the anatomical area of interest nor does one want it over an automatic exposure cell (AEC) as it will increase beam on time and thus patient dose.

Updates by the American Association of Physicists in Medicine reflected in the Radiographic Positioning textbook includes not shielding the gonads for abdominal images like a KUB, Bladder, or rectal images etc., where the shield *might* get in the way of the pubic bone/bladder and cause a repeat nor for a pelvis due to similar reasons.

A huge part of this theory and policy is based on utilizing tight **collimation** as a radiation safety tool to almost “cancel out” the need for shielding as a primary measure (less tissue exposed) & secondary measure (less scatter created). This is in addition to using an optimal technique which DR was designed for (higher kV & less mAs = less dose).

If one is not collimating, they are overexposing the patient and not following national guidelines adopted by the ACR & ARRT. Post-processing or cropping is unethical and does nothing to reduce radiation exposure.

For such cases the program will teach students to cover the breast and/or thyroid of the patient. As stated by various resources, patients expect to be shielded whether they have an understanding of an exam or not. For example, a patient might ask or even demand to have their breast shielded for a chest x-ray which if done would defeat the purpose of the exam.

The public's perception regarding shielding is strong and hard to break. Patients “know” shielding and expect it. Patients who ask to be shielded need to be, to the best of the students/radiographers ability especially for exams for which it will not interfere with the image. It's also the students/radiographers responsibility to explain this is not possible because anatomy will or could be obstructed leading to more radiation dose.

1. Gonadal shielding will be taught by the program and recommended for all exams aside from what was stated above (i.e. Spine work, femur, hip, extremities, thorax exams, shoulder girdle, etc).

2. Gonadal shielding will be used on all male patients from birth to 70 years of age.

3. Gonadal shielding will be used on all female patients from birth to 55 years of age.

4. Gonadal shielding will be used on any patient, regardless of age, who requests shielding.

**Evidence of radiation protection (collimation) must be demonstrated on the image especially with recent changes in the field regarding shielding.** If the field / collimation is larger than specified by the positioning textbook or site protocol during testing - this is an autofail.

**Students (testing or not) who are repeatedly told their collimation is too open will have professional points taken off of their grade due to radiation safety and will eventually be dismissed from the program without the option to return.**

Shielding policies vary slightly from hospital to hospital. The school policy is reviewed at the hospital with the start of each clinical course. At some hospitals, radiologists have made decisions that shielding should not be used for some examinations because shielding may obscure the diagnostic information needs of the examination. In these cases, the hospital policy must be followed but that has largely been addressed in this section already. (8/6/22)

## **10.10 SHIELDING OF STUDENTS DURING MOBILE (PORTABLE) RADIOGRAPHY**

**Students must wear lead when making an exposure during ALL Portable (Mobile) Radiographic Examinations.**

All of the data state that a radiographer's greatest exposure comes from fluoroscopy and portable Radiographic Examinations. We at the college are conservative when it comes to radiation protection and we require that students MUST wear lead for all portable, fluoroscopy and operating room procedures (regardless of the clinical site department practices).

We know it is sometimes awkward if a department practice is different from the College policy but you are required to adhere to student policies. Students who do not follow radiation protection policies may be dismissed from the Program.

**10.11 Professionalism in Radiation Protection:** Radiation safety of our patients is paramount. Students who **REPEATEDLY** (More than once and over one or more clinical courses) demonstrate unprofessional or unsafe conduct (radiographing an individual without a physician's request, making radiographs of the wrong side, doing the wrong examination, wrong patient, failure to wear a lead apron on portables, failure to shield patients, etc.) will earn an "F" grade for the clinical course in which they are enrolled. **Because of the serious nature of such violations, these students will be ineligible for readmission to the Radiologic Technology Program.**

(8/1/18)

**11.0 PREGNANCY POLICY:** In the event that a student becomes pregnant, she has the option to declare or not declare her pregnancy.

Exposure to any level of radiation is assumed to carry with it a certain amount of risk. As a conservative assumption for radiation protection purposes, the scientific community generally assumes that any exposure to ionizing radiation may cause undesirable biological effects and that the likelihood of the effects increases as the dose increases. At the occupational dose limit for the whole body of 5 rem (50 mSv) per year, which applies to occupationally exposed individuals, the risk is believed to be very low.

The Nuclear Regulatory Commission (NRC) has reviewed the relevant scientific literature and has concluded that an exposure of 0.5 rem (5mSv) provides an adequate margin of protection for the embryo/fetus. (Reference Nuclear Regulatory Commission (NRC) Regulatory Guide 8.13)

Through proper instruction, strict adherence to safety precautions and through personnel monitoring, it is possible to limit occupational exposure to under 0.5 rem during the period of gestation.

**Voluntary Declaration of pregnancy is at the discretion of the student.**

- To take advantage of the lower exposure limit (0.5 rem or 5mSv) and additional dose monitoring provisions, the pregnant student **must declare her pregnancy in writing to the Department Chair/Program Director.**
- If the pregnant student elects not to declare her pregnancy, normal occupational exposure limits will continue to apply and no additional monitoring will be provided.

Whether or not pregnancy is declared, the pregnant student is advised to consult with her physician and may select one of the following options:

**1. Continued full-time status:** The student must be able to meet the academic requirements and clinical objectives to continue in the program. Class/Clinical time missed due to pregnancy/maternity leave will be treated as any sick/missed time.

**2. Withdrawal from clinical rotations with continued participation in didactic instruction:** A student may choose to continue in the didactic courses, but withdraw from clinical courses. In this instance, the student must be able to meet the academic requirements to continue in the program. Class time missed due to pregnancy/maternity leave will be treated as any sick/missed time. After delivery, the student's continuation of the clinical component of the program will be based on which clinical semesters were missed, and the availability of space in the clinical schedule (ie. Student capacity).

Radiologic Technology clinical and didactic courses are only taught once a year and during the same semester every year. This may mean that the student might sit out for an entire year before the student may re-enter the program and re-enroll in the semester's courses at the point where she withdrew if space is available.

**3. Leave of Absence ("Stopping Out"):** Upon learning that she is pregnant, a student may opt to "stop out" of both the didactic and clinical components of the program until after she has delivered.

Radiologic Technology clinical and didactic courses are only taught once a year and during the same semester every year. This may mean that the student might sit out for an entire year before the student may re-enter the program and re-enroll in the semester's courses at the point where she withdrew if space is available.

**\*Any student who elects not to declare her pregnancy will be considered to be in continued full-time status. \*Written withdrawal of pregnancy declaration may occur at any time the student determines they wish to retract.**

(5/2017)

**12.0 CLINICAL EXPERIENCE RECORDS: Forms used at clinical –** The following forms are part of the student uniform and must be kept updated:

**Program Requirement Sheet –** This YELLOW form must be signed and dated **by the clinical instructor** immediately after a clinical competency examination is completed. Students are **not** allowed to fill out any information on this form.

**Repeat Sheet –** This form is used to document that a licensed radiographer has supervised the performance of a repeat image (Direct Supervision) for an exam that the student is

already deemed competent. The student fills out the information concerning the repeat and then **the radiographer supervising the repeat exposure must sign this form.**

**Semester Requirement Sheet** – This PINK sheet is to be **updated by the student** immediately after a radiographic examination is completed. The Clinical Instructor does not fill out this form.

Students who **REPEATEDLY** (more than once) violate the rules and regulations (Including maintaining Clinical Experience Records) at clinical are subject to grade reduction (as low as an “F”) and **may be ineligible for readmission to the Radiologic Technology Program.** (8/1/18)

**13.0 CLINICAL EVALUATION PROCEDURES:** Evaluation of the clinical performance of students is necessary in order to assure meaningful participation, to assess the acquisition of skills and knowledge, and to identify areas for further growth. A specified level of competence is required each semester for progression within and graduation from the Radiologic Technology program. Students should seek to attain a competency level above the minimum requirements and work to keep raising their level of expertise by actively participating in all types of radiographic exams in the clinical setting.

It is the student’s responsibility to ask to be evaluated. Some students progress faster than others. Students need to actively participate in clinical to be successful.

**13.1 Checking Patient Condition** – It is not permitted, and considered unprofessional, for a student to “check out” the condition of a patient or visit a patient’s room/waiting area before asking to be evaluated. If, in the instructor’s opinion, a patient’s condition would adversely affect the learning situation, the instructor may stop the evaluation. The evaluation form will be kept in the students clinical records documenting that the student attempted the exam. (8/20/05)

**13.2 Department Routine** – Radiologic Technology Program Faculty do not set the hospital exam routine. **The student will be evaluated on the exam protocol as is determined by the clinical site.**

Example: If a KUB at one site requires an AP view and a posterior oblique view, the student must be graded on the two views to earn competence in a KUB. The KUB routine at another clinical site may only require one AP View. **The student will be evaluated on the exam protocol as is determined by the clinical site.** (5/3/02)

**13.3 Technique Books** – Having and using an accurate technique book/chart and the use of calipers to measure body parts is a New York State Department of Health requirement and an American Society of Radiologic Technologists Practice Standard. The department has a specific technique book and recommends that students use a FIXED KVP system.

While doing Clinical Competency Testing and working with Indirect Supervision, students **MUST** leave their Technique Book open to the appropriate pages throughout the examination and document measurements. (8/1/18)

Students **MUST MEASURE** and use technique charts/books for the following:

Shoulder girdle	Hip & pelvis (continued on p. 22)
Thorax (chest, ribs, thoracic spine, etc.)	Femur
Abdomen (IVP, lumbar spine, etc.)	Knee

For those body parts that must be measured, students **MUST** measure (and **MUST** write down that measurement) and use their technique books for all radiographic examinations. Failure to follow these requirements will cause an Auto Fail for that examination.

Students **MUST** use their technique book but are not required to measure for the following exams, (these body parts are classified as small, medium and large:

Humerus	Ankle, foot, toes
Elbow, forearm	Cervical spine
Hand, wrist, fingers	Skull (facial bones, etc.)
Lower leg	

With the information learned in the Principles of Radiographic Exposure and Clinical courses, it is the students' responsibility to develop their technique book. Students must use the technique book and when appropriate use calipers and measure the patient. The student should be confident about the radiographic exposure techniques BEFORE asking to be evaluated (they should practice under Direct Supervision)

Measuring patients and using technique charts/books is in the best interest of the patient. It will also decrease your anxiety level when doing cases and being evaluated. Any student who does not use the department approved technique book will receive a grade of zero for the evaluation. (7/19/06)

Students are **NOT** allowed to ask staff or fellow students for technique before a clinical evaluation. Students asking for techniques right before an evaluation will receive a grade of zero for that evaluation. (5/12/04)

\*Students must measure the ASIS to determine the angle of the x-ray tube for any knee exam, but they are also required to MEASURE THE KNEE itself to determine radiographic exposure factors. Students must not record measurements for knee imaging from the ASIS measurement, as there is no correlation of ASIS to knee size.

\*While students are required to measure patients and use technique books, they may vary from these settings if, in their opinion, a pathologic or other condition warrants a change. This is the "ART" part of the "Art & Science of Radiography". This **MUST** be discussed with the CI if an evaluation is taking place, so the Clinical Instructor knows there is an adjustment being made with sound judgment; rather than an erroneous deviation from the technique listed in the book. Students assume the responsibility for all decisions to vary from their established techniques.

**13.4 Exam Efficiency** – Patients should not be in the exam room any longer than needed. Students should not overly or excessively evaluate images while a patient is on the table or standing for an exam. This is hard in a digital world where techs and students stand at the console and wait for their image to come up on the monitor, but it's poor practice to take an excessive amount of time looking at the image while leaving the patient "hanging" waiting for us. A student should not overanalyze an image looking at the exposure number, looking at the grading scale, and so forth. When testing, students should not do this at all because they are using techniques from their technique book based on prior experience. Students should not look at the image during testing and decide to change their number for the next image based on the current one - this leads to "chasing numbers" and often doesn't work out in the students nor patients favor anyway.

Aside from specific situations where an instructor might tell the student to wait and evaluate an image (for example during trauma or pediatric cases with possible motion) students should not take up an excessive amount of time looking at an image especially during testing. When the case is over and the patient has left the exam room the instructor and/or student can go back and take their time evaluating the images in greater detail.

(8/6/22)

**13.5 Excessive Time** – The condition of the patient will affect the amount of time to perform a radiographic examination. However, if in the professional judgment of the instructor, the student is

taking an excessive amount of time to perform a clinical competency evaluation, the instructor may stop the exam and assign a grade of zero. (7/19/06)

**13.6 Automatic Exposure Control** – With the exception of Upper Gastrointestinal Series and Barium Enemas, Automatic Exposure Control (AEC) is not allowed for Clinical Evaluations.

Students who have been deemed competent (passed a comp) and are working with Indirect Supervision, may not use AEC. (8/1/18)

**13.7 Automatic Failure** – There will be circumstances where the professional expertise of the clinical faculty must prevail in order to ensure the safety of the patient or student. During clinical, if a student's behavior falls into the category of safety, they may be interrupted or even removed from a procedure. Examples of such behaviors can be categorized as harmful or having the potential to cause harm to the patient, self or otherwise are a radiation safety issue. There are some more frequent errors in these categories listed and described in the Auto Failure section of Clinical Evaluation and the student will earn a grade of "0.0".

**13.8 Simulating Clinical Competency Examinations** – Clinical Competency Evaluations must be performed on hospital patients. However, the Program will consider simulating exams if hospital protocol or exam availability has made it difficult or impossible to perform an exam on a patient, in time for program completion.

The ARRT has specific exams listed that either are or are not allowed to be simulated. This complete list can be found at [https://assets-us-01.kc-usercontent.com/406ac8c6-58e8-00b3-e3c1-0c312965deb2/68688f6b-d625-4fce-be07-b9b8a81b7d10/RAD\\_CC\\_2022.pdf](https://assets-us-01.kc-usercontent.com/406ac8c6-58e8-00b3-e3c1-0c312965deb2/68688f6b-d625-4fce-be07-b9b8a81b7d10/RAD_CC_2022.pdf)

Just because an exam is listed as eligible for simulation does not mean the program will nor has to honor such simulation. For example, unless extreme circumstances exist we will not simulate C-arm exams which are performed in the Operating Room.

Simulating is not for challenging cases or cases a student may have failed a few times. Simulating cases is not a right but a privilege.

When simulating:

- You **MUST** have a fully extrapolated accurate Technique Book page(s) for the exam you are simulating.
- You will simulate the exam on another student or anatomical phantom in the lab.
- You will take a history, use wheelchair, stretcher, measure the "patient," and perform all other steps just like a real exam at clinical on a real patient
- Thus simulation means you do everything from start to finish just like a real patient - except take the actual exposure IF we are using another student.
- Largely simulations are done using one of the two positioning dolls/phantoms in the lab with exposures being made. (8/16/22)

**13.9 Fluoroscopy Cases Overheads** – There are some clinical sites that do not require overhead images for fluoroscopy exams. For these situations, students will only be evaluated in the Performance section of the Clinical Competency evaluation. (8/8/06)

**13.10 Approving Images & Patient Dismissal** – Students may **NOT** approve radiographic images and then dismiss patients. Only after imaging staff has approved radiographic images, may a student dismiss a patient. Students are not permitted to "send" images to PAC systems. (5/20/05)

**13.11 Competency Evaluation** – To successfully complete the Radiologic Technology Program, students must demonstrate competence in all Mandatory and Elective procedures identified on the Program Requirement Sheet (see sheet for details)

Each semester students are required to complete a portion of the total program requirements – the minimum number of evaluations is listed in each clinical course syllabus.

Clinical Course	Minimum Number of Competencies Needed Each Semester	Cumulative <u>Minimum</u> Number of Competencies needed at the end of each Semester	Cumulative <u>Maximum</u> Number of Competencies at the end of each Semester
1	3	3	6
2	13	3 + 13 = 16	26
3	10	16 + 10 = 26	No Maximum
4	13	26 + 13 = 39	No Maximum
5	All Remaining Competency Evaluations		NA

To pass a competency evaluation, a student must pass **BOTH** the Performance and Image component with a grade of 2.0 or higher in each section.

Examples: To pass a trauma competency, the trauma view itself must be passed with a 2.0 or higher. To pass a KUB if the clinical site requires additional views as part of the KUB protocol, the AP KUB itself must be passed with a 2.0 or higher.

**13.12 Multiple Exams Competency Evaluation** – The purpose of the multiple exam competency, is to determine the level of achievement that the student has reached regarding Critical Thinking, organizational skills, patient care and efficiency.

Multiple exam competencies test the ability of the student to **reduce the amount of patient movement** by combining views of different body parts which require a similar patient position. For example: doing a Lumbar Spine and a Hip would require all APs then when doing the oblique spine the frog lateral hip would also be obtained rather than doing the entire Lumbar exam then the Hip. Multiple competency exams do not include BILATERAL studies, or simple extremity work. Multiple exams may be any abdominal / thoracic /pelvic / spine and/or headwork studies. **This competency must be evaluated by a College Clinical Instructor ASSIGNED to your Clinical Site.**

**13.13 Trauma Competency Evaluations** – There are specific trauma views that the ARRT requires a student to demonstrate competency. See your Program Requirement Sheet for details.

**13.14 Computed Tomography, Specials, Barium Enema & Operating Room** – The evaluation of Computed Tomography, Specials (Cystography/Cystourethrography, ERCP, Myelography, & Arthrography), Barium Enema and Operating Room Competency Evaluations may be done by a staff radiographer. These evaluations are graded on the exam specific Evaluation Form.

Regardless of competency level, the student **MUST ALWAYS** have a radiographer present ("Direct Supervision"), while performing portable, operating room and computed tomography radiographic examinations.



**13.15 Pediatric Competency Evaluations** – The American Registry of Radiologic Technologist (ARRT) requires that certain competencies be performed on pediatric patients. The ARRT defines pediatric as 6 years of age or younger. Details are on the Program Requirement Sheet.

**13.16 Remediation Activities** – Students who fail a Competency Evaluation on the same body part three times must go through remediation before attempting to pass it again. Remediation is a structured review process to help students succeed. Remediation activities are outlined on the Remediation Form.

**13.17 INCOMPLETE GRADES:** The required Competency Evaluations are distributed over five clinical courses. The student is required to successfully complete (pass) a specific minimum number of competency evaluations during each clinical course. Incomplete grades are **NOT** given in clinical courses. (7/19/06)

**13.18 Elective Competency Evaluations** – There are Elective Competency Evaluations listed on the Program Requirement Sheet. The student must successfully complete (pass), with a minimum of 2.0 in the performance as well as the image section of the evaluation, the minimum number of electives indicated on the Program Requirement Sheet to fulfill the Graduation/Program Requirements. Details are on the Program Requirement Sheet.

**13.19 Instructor Selected Ongoing Evaluation** – In all clinical courses, college Clinical Instructors randomly select cases for evaluation in Mandatory or Elective Competencies that have been previously passed. This ensures that students have maintained their clinical competency. This means that students must always be ready to perform an examination in which they have passed a Competency Evaluation. A student who refuses to be evaluated for an Instructor Selected Ongoing (ISO) Competency Evaluation will earn a 0% grade for the evaluation. (5/15/01)

Students should be aware that once they have passed a Clinical Competency Evaluation, College Clinical Instructors may do an Instructor Selected Ongoing Evaluation (ISO) in any room or clinical site to which they are assigned. For this reason, it is in the student's best interest to prepare by gathering techniques and experience in every area before asking to be tested for a Clinical Competency Evaluation. (8/1/18)

**13.20 Student Selected Ongoing Evaluation** – Student selected ongoing evaluations (SSO) are done to ensure that a returning student has maintained the competency they achieved in prior clinical courses they have passed. Students who are auditing a clinical course, before re-entry into the course sequence, must validate all earned competency exams **before** working under indirect supervision again. Students who have re-entered the clinical course sequence have until Clinical Practicum 5 to complete this requirement.

**13.21 Professional Competency Evaluations** – Evaluations are performed by College Clinical Instructors indicating their observations of the Professional Competency skills of the student. The Professional Competency Evaluation Form is used to evaluate professional competencies. The student may think of this component of the grade as class participation.

The Professional Competency Evaluation form is a springboard for evaluating a student's professionalism. The student's ability to follow the rules & regulations of the Clinical Sites and Program, Radiation Protection, handing in required paperwork on time, following directions, checking e-mail daily, etc. are all considered in addition to the score on the Professional Competency Evaluation form. (3/11/96)

**13.22 Competency Grading Scale**

3.0	=	100%
2.99	=	99%
2.98	=	98%

2.45	=	83.25%
2.44	=	83%
2.43	=	82.75%

0.97 - 1.00	=	50%
0.93 - 0.96	=	49%
0.89 - 0.92	=	48%



**may not leave their assigned clinical area without the instructor or supervisor's permission.**

Clinical assignments and made as follows:

Clinical 1: General, Contrast (Fluoroscopy), Portable (Mobile) and Emergency Radiographic areas

Clinical 2: Operating Room added

Clinical 4: Computed Tomography and Evening rotation added

(12/2015)

**14.1 CONTRAST** - If a student is scheduled in a contrast room, they are responsible for completion of ALL contrast exams scheduled and added, before they use their room for general work and emergency exams. Once the contrast patients are completed, the student is required to perform routine and emergency cases in their assigned areas. The only exception, is when the person running the core gives the student/Clinical Instructor direct instructions to do other cases, before a fluoroscopic case is due to come down from the floor or arrive as an outpatient etc.

**14.2 GENERAL** - If a student is scheduled in a general area, they are responsible for close communication with the person running the core, so as to maintain a constant flow of work through this area. This may mean they are permitted to take requests from the work counter / basket on their own or it may mean they will be assigned work by the person running the core. Regardless, once the room is cleaned up after each case, the student is responsible to go back to the work area and get the next request/patient that can be accommodated in their room.

**14.3 WORK FLOW** – Patients' needs must be placed before student needs. Patient care is paramount to our clinical affiliates and we must support them in this endeavor. Therefore, students must follow certain guidelines to ensure that patient flow is maintained, while they are at clinical seeking experiences they require for their course work.

**Patients are not to wait for students to finish exams so the student can do a clinical competency evaluation test. It is just as important for someone who has tested on an exam to practice, as it is for someone to test.** The next available student with a room that can accommodate an exam is the one who takes the next patient into their room. Do not make patients wait for service, just to fulfill your own needs.

**14.4 ABANDONMENT** – In the clinical setting, if a health care worker leaves their shift, assignment, patient etc. before they are relieved by another, it is called "abandonment." For a staff person, this is a very serious offense in clinical practice and can result in not only discipline action, but firing.

In the Diagnostic Imaging Department we value patient care above all other aspects of the profession and learning. Therefore, if students who are working under the Direct Supervision of an RT leaves a patient before the exam is complete (without the expressed permission of the RT) will be charged with abandonment. In addition, if a student is functioning under Indirect Supervision leaves a case before it is completed (with no relief from a staff RT) will be charged with abandonment.

Students leaving their area without informing anyone (The person running the floor and their Clinical Instructor if present), are also abandoning their assignment.

Students who **REPEATEDLY** (more than once) violate the rules and regulations at clinical are subject to grade reduction (as low as an "F") and **may be ineligible for readmission to the Radiologic Technology Program.** (8/1/18)

**15.0 SUPERVISION OF STUDENTS:** Students in clinical practice shall be supervised according to the following guidelines:

**15.1 Direct Supervision –** Until a student achieves and documents competency in any given procedure, all clinical assignments shall be carried out under the direct supervision of qualified radiographers. Direct supervision ensures patient safety and proper educational practices. Direct Supervision is defined as student supervision by a qualified radiographer who:

- reviews the procedure in relation to the student's achievement
- evaluates the condition of the patient in relation to the student's knowledge
- is physically present during the conduct of the procedure
- reviews and approves the procedure and/or image
- students must be directly supervised until competency is achieved
- even if the student is competent in performing a portable, a registered technologist must accompany the student

**Related Tasks –** A student who has not passed a Competency Evaluation needs direct supervision while performing any aspect of the examination. Direct Supervision applies any task that affects the image (setting the technique, aligning the tube and positioning the patient etc.) as well as related tasks (tipping patients for a Barium Enema, etc.). (7/19/06)

**15.2 Indirect Supervision –** Indirect supervision is defined as that supervision provided by a qualified radiographer immediately available to assist students regardless of the level of student achievement. "Immediately available" is interpreted as the physical presence of a qualified radiographer adjacent to the room or location where a radiographic procedure is being performed. This availability applies to all areas where ionizing radiation equipment is in use on patients.

Regardless of competency level, the student **MUST ALWAYS** have a radiographer present ("Direct Supervision"), while performing portable, operating room and computed tomography radiographic examinations.

In addition, a staff radiographer **MUST ALWAYS** approve the radiographs before letting the patient leave the department. (4/15/93)

**15.3 Students "Supervising" Students –** A student who has passed a Competency Evaluation **may not** supervise another student who has not passed a Competency Evaluation in that area. (2/19/97)

**15.4 Qualified Radiographer –** A qualified radiographer is one who is credentialed by the American Registry of Radiologic Technologists and/or New York State Department of Health. Graduates who have applied to these organizations or taken the examination but have not received their grades are not "qualified" for the purposes of supervising students and repeat radiographs. (6/14/99)

**16.0 REPEAT RADIOGRAPHS:** After students **pass** a Competency Evaluation, they may perform the exam with "Indirect Supervision." When a student is working with this "Indirect Supervision," there will be times when an image needs to be repeated. Regardless of the student's level of competency, these unsatisfactory images shall only be repeated in the presence (direct supervision) of a credentialed, licensed radiographer.

It is not acceptable for a radiographer to give the student a "new technique" and then not go in the radiographic room to be physically present during the exposure. (8/15/97)

It is the students' responsibility to refuse to perform ANY repeat image by themselves regardless of who may have directed them to do so. This rule will stay in effect the ENTIRE time that a student is in Clinical Practicum I through Clinical Practicum V. Students who do not adhere to this policy will receive an F grade for the course.

Students MUST record all repeats on the REPEAT SHEET and hand it in at the end of the semester. Because of the importance of documenting repeats, any students not handing in their Repeat Sheets will have their grade lowered one letter grade.

The Repeat Sheet must be kept with the student and not in a notebook, locker, etc. The reason is that students are less likely to document repeats if they have to go and get the form.

(8/15/97)

**16.1 Instructor Decisions Regarding Repeat Images** – There will be other times during a Clinical Competency Evaluation when an image may be passed by the clinical Radiology/Imaging Department but in the professional opinion of the Clinical Instructor the image is repeatable. **Even though the department does not require that the radiograph be repeated, repeat points will be deducted from the students' clinical competency evaluation.**

(8/15/97)

**17.0 SMOKING/CHEWING GUM:** All Radiography program clinical affiliates are smoke free facilities. This means that smoking is prohibited on hospital premises AND is prohibited during any portion of a person's shift. Employees and students may not smoke before coming onto hospital property due to the offensive odors involved in this activity. Students are not allotted "smoking breaks" during the course of the clinical day. Students who smell like cigarette smoke during clinical hours will be sent home and subject to disciplinary actions.

Gum/candy chewing is not allowed while on clinical duty.

(7/19/06)

**18.0 INSTRUCTOR WITHDRAWAL:** Should a student wish to withdraw from a clinical course, it is their responsibility to initiate this action. **However, if in the professional judgment of the instructor, the student's actions repeatedly place the patient's safety in jeopardy, the affiliated clinical site and/or instructor has the responsibility to remove the student from the clinical site to protect patients.**

A student who is dismissed by a clinical site will have an opportunity to appeal this decision through the College's Student Grievance Procedure.

Some of the things that concern faculty are when students **REPEATEDLY**:

- mishandle IV's/O<sup>2</sup> (i.e. disconnecting or letting IV's/O<sup>2</sup> tanks run dry)
- leave patients unattended who are in need of supervision
- do not use appropriate shielding techniques or other radiation safety practices
- do not use technique charts/books and/or measure patients
- stand unsteady/medicated patients
- fail to learn from experiences/mistakes
- excessive repeat images or perform wrong views (over irradiation of patients)
- do not comply with department and/or program routines
- exhibit unsafe patient practices

The key word is **REPEATEDLY**. Students make mistakes but for the most part do a great job in clinical. However, we need to address poor progress. Be assured that we will not act precipitously but will continue to counsel and work with students who are in need of assistance. Faculty are here for you.

Students who **REPEATEDLY** (more than once) violate the rules and regulations at clinical are subject to grade reduction (as low as an “F”) and **are ineligible for readmission to the Radiologic Technology Program.** (8/1/18)

#### **19.0 UNPROFESSIONAL/UNETHICAL CONDUCT:**

Unprofessional conduct may lead to a student receiving an F grade for the clinical course in which he is enrolled and/or dismissal from the Program and/or College. Each student is responsible for reading the "Code of Student Conduct", "Board of Inquiry" and "Grievances Procedure" in the college Student Handbook for a full explanation of the disciplinary procedure. Unprofessional conduct includes, but is **not limited** to the following:

- A. Release of radiographs or interpretations to the patient or other unauthorized persons;
- B. Drug abuse;
- C. Alcohol abuse;
- D. Criminal conviction;
- E. Working as a radiographer while still a student;
- F. Radiographing an individual without a physician's request;
- G. Making a repeat images without a qualified radiographer physically present;
- H. Continual failure to adhere to the policies of the Department of Diagnostic Imaging and the college (i.e. radiation dosimeter, dress code, repeat images, etc.).
- I. Disruptive behavior and/or sarcasm.
- J. Discussion of personal topics or experiences unrelated to patient care.
- K. Failure to measure patients and use technique charts.
- L. Dishonesty including forgery

Students who **REPEATEDLY** (more than once) violate the rules and regulations at clinical are subject to grade reduction (as low as an “F”) and **are ineligible for readmission to the Radiologic Technology Program.** (5/8/21)

### **Professional Competency Point System**

The Program is committed to helping students learn the clinical and professional competency skills which will help you to get a job and keep a job.

**Professionalism and Responsibility:** When clinical instructors are not notified of your lateness or absence, it may waste time and money as the instructor could go to another clinical site and spend time with other students. If clinical paperwork is late, faculty and staff cannot do their job of recording data and getting paperwork back to other students; it holds the process up.

In your work life, there will be consequences of poor performance and failure to follow the rules and regulations. If one was a “no call/no show” at work, they would be written up and eventually fired if the behavior continued.

In your school life, there are consequences of poor performance and failure to follow the rules and regulations. While points have always been deducted for unprofessional conduct, the Program is clarifying this practice with the following table. Breaches in Performance are **not** limited to those listed below.

Examples of Breaches in Performance	Change in Course Grade		
	First Infraction	Second Infraction	Third Infraction
No Call/No show to clinical for lateness or absence	-5 points	-10 points	-15 points
Failure to notify clinical Instructor of Attendance/Lateness	-3	-6	-9
Failure to email the college if absent	-3	-6	-9
Carrying Attendance-sheet around (not in binder)	-2	-4	-6
<b>Point deductions below are per day until the situation is rectified</b>			
Failure to hand in Attendance Sheet on time	-2	-4	-6
Failure to hand in clinical paperwork on time	-2	-4	-6
Failure to hand in original Attendance Sheet	-2	-4	-6

*Points may be deducted for reasons other than those listed above.*

**Points will be multiplied for repeat offenses:** For example, Student Wilhelm was a no call/no show on Monday. This earns the student -5 points. Student Wilhelm was again a no call/no show on Friday. He will earn  $-5 \times 2$  for his second offense  $(-10) = -5$  for Monday +  $-10$  for Friday =  $-15$  points off his clinical grade for the semester.

**Extenuating Circumstances:** Of course, there may extenuating circumstances which will prevent you from meeting the performance standard. If, for example, you are out sick, you will bring the clinical paperwork the next day you are scheduled at the college. Other cases will be reviewed on a case by case basis.

#### **Wrong Patient – Wrong Examination – Wrong Side Policy**

The Radiologic Technology Program's goal is 100% accuracy in this very important area of imaging the correct patient, examination and side. Faculty keep in mind that our graduates are not just learning technical information but also refining job skills. There are ramifications for poor performance in the job market as well as in the Radiologic Technology Program.

Radiographing the correct patient, correct examination and the correct side is a skill that will help you get a job and keep a job. Doing the Wrong Patient, the Wrong Examination or the Wrong Side on a patient is, of course, a very serious issue resulting in an over radiation exposure to patients with the possibility that one would lose their job.

The Program has always deducted points from a student's clinical grade for violation of policies and procedures. The following is our **Wrong Patient – Wrong Examination – Wrong Side Policy**.

**Wrong Patient – Wrong Examination – Wrong Side Policy.**

**First Infraction** of imaging the wrong patient, wrong examination or the wrong side policy will result in:

- Loss of 7 points from the student's clinical course average
- Removal from clinical with loss of Bank time until a research paper assigned by the Clinical Coordinator is completed and approved.

**Second Infraction**

- An "F" grade for the clinical course in which the student is enrolled.

**Because of the serious nature of such violations, these students will be ineligible for readmission to the Radiologic Technology Program.** (8/1/18)

It is important to note that the infractions may occur in two different clinical courses. If, for example, a student has the first violation in Clinical 2 and the second violation in Clinical 5, the student will earn an "F" grade for Clinical 5 even though time has passed.

Because of the severity of over exposing a patient, a student might be tempted to try and hide a mistake of imaging the wrong patient, wrong examination or the wrong side. In these situations of dishonesty, the student will be given an "F" grade for the First Infraction.

(8/10/2017)

**Incident Reporting at Clinical**

Should an incident happen at clinical, the student must be dismissed at once by the technologist, clinical instructor, or management. Please email, text or call the Clinical Coordinator or Department Chair if an incident occurs and the student is sent home. Students should be aware of what constitutes an incident and inform the Clinical Coordinator and Chair as well.

The student will immediately fill out an incident report located on in the Learning Management System (LMS).

**At Clinical:** An incident report (occurrence report) must be filled as described if a student violates a major ethical or safety policy from the Handbook or Clinical Site such as (but not limited to):

- X-ray the wrong patient
- X-ray the wrong part
- X-ray the wrong side
- Irradiate patient without a prescription
- Irradiate patient without asking pregnancy
- Wrong number of views or protocol performed
- Repeat or exam performed without direct supervision when required
- Any "Near Miss" events: Though injury did not occur there was potential but the error was intercepted or harm did not occur simply by chance.

An example of a near miss might be the student almost stood a fall risk patient or almost x-rayed the wrong side but the tech stepped in and corrected the error. Other examples might be the student did not compare the prescription and request, but by chance the correct exam and number of views were performed.



The student will fill out the incident form and email it to the Clinical Coordinator, Department Chair and Ms. Haviland. The student cannot go back to clinical until the situation is investigated and discussed to determine what action, if any will be taken.

An incident at clinical may result in the student's grade being lowered or dismissed from the program without the opportunity to return. The clinical site will be notified if and when the student is allowed to return to clinical.

**On Campus:** If an incident happens on campus, the instructor involved or who observed the occurrence will file an incident report. These events are of the same nature pertaining to safety and ethical issues.

The report will be emailed to the Clinical Coordinator, Department Chair and Department Secretary. Depending on the event, the student may be pulled from clinical even though the event did not happen at clinical. The situation will be discussed with the student and what action if any will be taken. Incidents on campus may result in the student's grade being lowered or dismissed from the program without the opportunity to return.

(4/15/19)

**19.1 Sanctions and the American Registry Credentialing Exam** - Questions pertaining to sanctions as a result of violating an academic honor code, suspension or dismissal by an educational program a student attends will appear on application forms for the ARRT certification exams. Affirmative answers will flag the file for a possible ethics review. The ARRT reviews each case on an individual basis.

On the Application for the National Boards given by the American Registry of Radiologic Technologists, graduates need to answer a variety of questions including the following:

1. Have you ever been convicted of a misdemeanor, felony, or a similar offense in a military court-martial?

2. Have you had any professional license, registration, or certification denied, revoked, suspended, placed on probation, under consent agreement or consent order, voluntarily surrendered or subjected to discipline by a regulatory authority or certification board (other than ARRT)?

3. Have you ever been suspended, dismissed, or expelled from an educational program that you attended in order to meet ARRT certification and registration requirements?

Students may request a "pre-application review" of their ethics eligibility for certification. This review can be requested before or after the student is enrolled in (currently attending) the program.

Such offenses (as those warranting sanctions at SUNY-Orange) may make an individual ineligible for ARRT certification. Students are encouraged to go to [www.arrt.org](http://www.arrt.org) ("Ethics section") or call the Ethics Department of the ARRT for more information on the ARRT's process. (10/10/07)

**20.0 INCLEMENT WEATHER:** Official college snow days also apply to hospital clinical courses. Students must sign up for email and text notifications of college closings. In addition, the Program will call clinical sites when there are inclement weather closings.

Example: The college is closed until 11:00 a.m. A Radiologic Technology class is normally held from 9 - 11:30 a.m. The student should arrive at the college prepared to attend class from 11:00 - 11:30 a.m. (3/11/96)

In any event, if the weather is bad, use your own judgment about coming to classes or clinical. If you don't venture out and there is clinical or classes, you will have to make up the time but your grade will not be adversely affected. (4/15/93)

**21.0 VISITORS:** Clinical sites cannot permit work schedules to be interrupted by personal visitors. Therefore, please discourage any friends or relatives from visiting during the school day.

**22.0 LABORATORY REGULATIONS:**

**22.1 Eating** - Eating is allowed in the lecture area part of the lab. No food is allowed in the x-ray room or darkroom. Please clean up afterwards. (9/1/99)

**22.2 Audio and Video Recording of Lectures and Labs-** No videotaping or audio recording with any method currently available or available in the future. Class and lab lectures are the intellectual property of the professor and comments made by classmates are their own intellectual property. Sharing and transferring of such property, including sharing by: uploading, posting, etc. Are violations and can harm your grade or bring other sanctions, depending on the violation. (11/2/22)

**22.3 Laboratory Availability** - The Diagnostic Imaging laboratory facilities can be used by the student at times other than scheduled hours, providing there are no classes/labs scheduled and the college is open. The laboratory is to be cleaned after each session will all Image Receptors, desks, chairs, etc. put away.

**22.4 Skills Testing** – Students will have three attempts to pass laboratory skills tests. Students who do not pass one or more laboratory skills tests by the third attempt will be unable to earn a grade higher than a "D" for the course (regardless of other academic performance in that course).

**22.5 Lab & Dosimeter** – Students will not be allowed to participate in a lab session without a radiation dosimeter. Students must also wear their dosimeter if there is a written quiz or test scheduled. (5/20/05)

**22.6 Open/Skills Lab-** During open lab, students are NOT allowed to make an exposure without the instructor (specific keys are required to perform this task) and we must supervise any exposures made for radiation safety purposes. (8/6/22)

Student found violating this policy will be subject to grade reduction (as low as an "F") and **may be ineligible for readmission to the Radiologic Technology Program.** (8/1/18)

**23.0 FELONY CONVICTIONS** - At the time you apply to the American Registry of Radiologic Technologists and New York State License from the Department of Health, you must make a statement about your conviction record, if any. If you would have to answer "yes" to a question about a felony conviction, it would be prudent to contact the NYS Department of Health AND The American Registry of Radiologic Technologist. Both of these agencies MUST be contacted to determine if you will be eligible for certification.

**24.0 GRADING POLICY & ACADEMIC DISHONESTY:** An overall cumulative average of 2.5 with a minimum grade of C+ (75%) in each required Radiologic Technology course is required for progression within and graduation from the Radiologic Technology Program.

Academic Dishonesty "cheating" by any means will not be tolerated by the program. A student found cheating will be dismissed from the program and possibly the college without the option to return. Refer to the complete "Code of Student Conduct" in the Orange County Community College's Student Handbook regarding

Acts of dishonesty or cheating include but are not limited to:

1. Cheating, including cheating online such as using Google to search for answers
2. Fabrication
3. Facilitating dishonesty such as allowing one to copy homework/quiz/technique book
4. Plagiarism, including Internet Plagiarism
5. Forgery including medical records (self or patient) timesheets, clinical paperwork
6. Bribery including paying one to do assignments or paying to copy another's work

Unless stated otherwise by the instructor, students are expected to complete homework on their own. Students should not share answers or "find answers" together. Also, unless stated otherwise by the instructor all quizzes and tests are closed book including those given online (distance learning software).

8/6/2022)

## 24.1 Grading Scale

Letter Grade	Percent	Quality Points
A	94% - 100%	4.00
A-	90% - 93%	3.67
B+	87% - 89%	3.33
B	84% - 86%	3.0
B-	80% - 83%	2.67
C+	75% - 79%	2.33
D+	67% - 74%	1.33
D	64% - 66%	1.00
D-	60% - 63%	0.67
F	Below 60%	0

## 25.0 ATTENDANCE – DIDACTIC COURSES

Good attendance is crucial if one is to get the most from his college experience. Certain information doesn't come in textbooks but can only be mastered when a student attends and participates in classroom and laboratory discussions. Specific attendance policies will be announced in each course.

The college-wide Academic Policy Manual states that: *"Instructors are authorized to lower grades for class absences and may withdraw non-developmental students from a course for excessive absences."*

**25.1 MISSED TESTS/QUIZZES/SKILLS TESTING** - It is the students responsibility to seek out the instructor to make-up missed work and tests. Be aware that the instructor reserves the right to change the exam/test for the person who was absent. (12/2003)

**26.0 DIAGNOSTIC IMAGING DEPARTMENT MEETINGS:** Department meetings will be announced well in advance. All students are required to attend. If a student is unable to attend, they must notify the Chairperson in writing no later than three (3) days before the meeting.

**27.0 REPEATING A COURSE** - A student who does not pass one course with a grade of at least a C+ (75%) or withdraws because of poor grades, poor attendance, unsatisfactory performance (or any other reason) in Radiologic Technology courses, may not progress into the next semester.

**Students who fail two or more Radiography courses will not be readmitted to the Radiologic Technology Program.**

**27.1 First Semester** – Students who do not pass all of the first semester Radiologic Technology courses, must reapply to the program.

**27.2 Second to Last Semester** – Students who do not pass a second or later semester Radiologic Technology course may only repeat it if there is an available seat and with the permission of the Department Chairman. Considerations include but are not limited to: clinical spots available, current enrollment, prior standing in the program, incident reports and other factors.

Students must pass each clinical exam with a 65% or higher (10 points below what's needed to pass the national boards) to continue in the program. Any grade lower than a 65% requires the student withdraw from their other Radiography courses and the student is dismissed from clinical with a grade of a D+.

Student must earn a 70% or higher on the image evaluation section of each course in order to pass the clinical course as well. If they do not, the student cannot earn a grade higher than a D+ and cannot move forward in the program. (5/15/23)

**28.0 INTERRUPTION OF EDUCATION** - If a student is allowed to return to the Radiologic Technology Program after a failure to pass a course, the student MUST have DIRECT SUPERVISION when doing ALL clinical cases because there has been a lapse in clinical experience.

Previously passed Clinical Competencies still exist. However, the student must demonstrate continuing competency through the Student Selected Ongoing Clinical Evaluation process. This process is necessary so that we protect our patients. Students who have gone through this experience have seen a marked improvement in their clinical skills.

This Student Selected Ongoing evaluation process is similar to the Clinical Evaluation process. After the student passes a Student Selected Ongoing Clinical evaluation the competency has been verified. The student can then do that type of examination with Indirect Supervision.

**28.1 Auditing Courses** – If class space and department resources are available, students might be allowed to audit clinical before returning to a previously failed clinical course.

Students are advised that Financial Aid may not pay for courses that are audited. Students who are auditing classes will be withdrawn from the course if they do not adhere to attendance and the other rules of the Program. (2/20/97)

**28.2 More than two years** - After two year break in attendance, the student would not be allowed to audit but must start over with Clinical Practicum I, because of rapid deterioration of clinical skills

After 2 years, the student would be required to retake all Radiologic Technology didactic courses over UNLESS they can prove competence by passing a final exam in each area.

Time is counted from the beginning of the semester when the student left the Program.

**29.0 PROGRAM COMPLETION TIME:** Students have a maximum of 3 years to complete the Radiography Program. If a student is unable to pass all of the Radiologic Technology program courses within a three year time period they are not eligible to return or attempt to complete the program.

**30.0 VARIABLE PROGRAM COMPLETION:** Clinical Practicum 5 is a 12-week course. Students who finish the Program Requirements at the end of Week 12 are graduating on

**time.** Students who have completed all of the Program Requirements and do not have any make up time will be able to complete the Program before the end of the twelve weeks but not earlier than the end of week 8.

**PROCESS:** As soon as a student completes the Program Requirements, s/he must e-mail the Clinical Coordinator. The Coordinator will then verify the request and schedule a meeting at the College.

Tuition for Clinical Practicum 5 is based on credits and not time. **A student who completes the program early is not entitled to a refund.**

**31.0 GRADUATION -** To officially complete the Radiologic Technology Program, the student needs to apply for graduation. Students are not required to participate in the commencement ceremony. The Chairman will not sign off and allow the American Registry of Radiologic Technologists to release national board grades until the student officially completes the program by applying for graduation. (3/28/97)

**31.1 COMMENCEMENT –** Faculty will not regularly review non-radiography courses in student records. In order to walk in the May Commencement Exercises, the student must complete all courses as listed in the curriculum (except Clinical Practicum V). An audit is completed by Records and Registration in the Spring of the Senior Year to ensure that the student actually meets the requirements. (6/14/99)

**32.0 FACULTY CLINICAL HOURS:** Faculty are scheduled to visit clinical sites based on a formula calculated by the College Administration. Each clinical site receives a prorated allotment of time based on the number of students at that site. Faculty have found this time allotment to be sufficient for students to complete the course requirements. It is the students responsibility to use the instructors time wisely. (12/20/93)

**32.1 FACULTY CLINICAL SCHEDULE -** Faculty are directed to keep their clinical schedules confidential (even though students can usually predict when an instructor will visit clinical). Students should not assume that they can take a day off because they don't think an instructor will visit the hospital. Students are not allowed to contact instructors asking their schedule or if they will be into clinical that day/week. This is unprofessional behavior and irrelevant. Students need to be ready to participate in cases and be evaluated everyday they are at clinical. (8/6/22)

**33.0 PROBLEMS -** Occasionally problems occur at clinical or at the college. It is VERY IMPORTANT to bring it to the attention of a Radiologic Technology instructor or Clinical Coordinator as soon as the problem arises. (12/20/93)

**34.0 PERSONAL CONTACT INFORMATION:** The College issued email account issued to each student is the official means of communicating with Radiologic Technology students. **Students must check email daily.**

In addition, please inform the department secretary immediately if you have a change of home and cell telephone number/s and/or home address. The department secretary will update all department contact lists and distribute these changes to the faculty/clinical instructors as needed. **Students are also required to record these changes with Records and Registration.** (7/19/06)

**35.0 TECHNICAL STANDARDS -** The Radiologic Technology Program, as well as the field of Radiologic Technology, is a rigorous one. Program standards are not altered for disabled students. The college will make every effort to provide reasonable accommodations to students with disabling conditions. The patient's life, outcome, comfort, safety, nor radiology department workflow or function can be sacrificed or put in jeopardy when considering reasonable

accommodations. In order to successfully complete the Radiologic Technology Program, with speed and accuracy, the student must be able to:

1. place the patient in position, set the controls of the x-ray machine, and evaluate the quality of the radiographic image.
2. provide patient instructions and respond to questions and requests in both routine and emergency situations.
3. transport and assist the patient, and to move the x-ray machine and film to the desired position, including operation of equipment in the surgical suite and at the patient's bedside. (12/21/94)

## **36.0 PATIENT CARE AND A FEW REMINDERS**

**36.1 Drawing Up Contrast** - Always use good sterile technique and make sure not to touch the inside barrel of the syringe. It is unacceptable to pull the top off of the bottle of contrast and dump it into the syringe. (12/21/94)

**36.2 Reading Requisitions, Prescriptions and Charts** – The patient's requisition should have information about any active disease. Make sure you carefully read the patient's requisition BEFORE beginning the procedure so that you can utilize standard precautions, when necessary. Patient's prescription and chart would also include any precautions and must be read carefully. (7/19/06)

Always compare the prescription from the doctor's office with the exam on the requisition or the hospital requisition with the patient's chart. JCAHO requires that a patient be identified with the 3 point identification system - full name, DOB and ID band. Whenever possible the patient should verbally state their full name and DOB. (5/20/05)

Carefully identify your patient by having your patient actually say his name. Do not just ask yes or no questions such as, "Are you Mrs. Smith?" Students must ask open ended questions to identify their patients such as, "what is your full name?" (8/15/98)

Be careful to always follow the written department protocol and do all the views listed in the department routine; radiograph the correct patient, body part and side. With the permission of staff, you may add views requested by another MD, but you may not eliminate any of the routine without proper documentation of a valid reason for changing the protocol (ie. Patient unable to cooperate, patient refused etc.) Remember, written protocols, not past practice, are admitted into court cases. (7/19/06)

**36.3 Drinking Water** - Never give a patient water without permission. The patient could be on a strict diet, scheduled for surgery, medication, etc.

**36.4 Medical Equipment, Halter Monitors, IVACS, etc.** - Students should not adjust/handle/change/disconnect any equipment that they have not been authorized to use. (12/20/93)

**36.5 Bathroom** - Never let a patient go to the bathroom without permission. The urine may need to be measured or strained.

**36.6 Emesis** - Never discard vomit without permission. The appearance may be important (coffee grounds appearance, etc.)

### **36.7 Standing Patients - Never stand unsteady and/or medicated patients.**

For example: Even though a medicated patient may tell you that they feel fine to walk from the Emergency Department to the Imaging Department, **NEVER** let them do so. The medication may take full effect as you are walking the patient to the Imaging Department which could result in the patient falling or some other incident. (11/1/16)

Never stand a patient wearing a cervical collar up for radiographs unless the exam has been approved by a physician.

Likewise one should never stand/walk a patient with a fracture or suspected fracture even if it involves the upper extremity as these patient can get sick and have a vasovagal response causing them to pass out. (5/8/21)

**36.8 Watching The Patient** - Always watch your patient. This is also important during the exposure to minimize the chance of motion on the image. Patients who have received intravenous contrast material or who appear to be unaware of their surroundings should never be left alone on an examining table.

**36.9 Room Setup** - A professional responsibility is to clean and stock radiographic rooms. This is reflected on the Professional Competency Evaluation form. The radiographic room should be set up the first thing in the morning and kept clean throughout the day. (2/5/97)

**36.10 Workload** - Students sometimes complain about doing cases. The Programs position is that as long as you have adequate supervision, you should seek out cases to do. The more cases you do - - - the more you will learn. (8/15/97)

**36.11 Gloving** – Discard gloves in the designated receptacle after imaging a patient. Never touch the console, portable machine, etc. with contaminated gloves. Students should never walk around the department with gloves on even if the gloves have not touched the patient. Gloves can be discarded in regular garbage (provided they are not dripping in blood or bodily fluids - if they are, they must be disposed of in the red biohazard garbage). (9/30/96)

**36.12 Cervical Spine Collars** – After reviewing cervical spine radiographs, the physician may request that the cervical spine collar be removed. These collars should be removed by the physician. Students should NEVER participate in removing cervical collars. (6/14/99)

**36.13 OR Scrubs**-Students are to wear a lab coat over Operating Room scrubs if they expect to return to the operating room. (5/15/01)

### **37.0 CELL PHONE USAGE POLICY**

**From the College Catalog:** Use of cellular phones or any other electronic communication device for any purpose during class or exam sessions is prohibited, unless expressly permitted by the instructor.

Clinical is a structured college course. Using cell phones during this course (clinical) is prohibited by college policy. By definition, checking texts, emails, etc. is using a cell phone and is prohibited. During non-clinical portions of the day (lunch, etc.) cell phones may be used in approved areas – approved areas vary from clinical site to clinical site. Cell phones may not be used in hallways, department core, x-ray rooms, or any areas where patients/hospital administrators frequent.

Clinical sites have widely varying policies regarding the use of cell phones. Students must realize that they are not staff or faculty and therefore must adhere to a different set of policies.

**37.1 LAPTOPS / PERSONAL COMPUTERS / INTERNET USE** – Student Laptops / personal computers etc. are not permitted at clinical. Hospital computers are not for students' personal use.

**38.0 TEST FOLDERS** - To ensure the security of exams, each instructor will keep the students' exams, tests, etc. in his office. These folders are available to review only with the instructor present and as per their syllabus. Exams are kept on file for 1 year. There will be no copying of test material (by copy machine, cell phone camera or by manually writing down the information). No notes can be taken when reviewing these items

At the time of the exam, students are given paper to write comments. Clinical Exams and student comments are reviewed by the entire department. Clinical exams are evaluated within 24 -48 hours and given back to students soon after grading. After viewing, students have 5 business days to review the exam, after which they cannot access it in the future. The Clinical Exams are mock National Boards and are treated as such being "secured exams".

(4/2/23)

There will be no copying of test material (by copy machine, cell phone camera or by manually writing down the information).

(8/2015)

### **39.0 COPYING RADIOGRAPHS OR CREATING CDS**

The hospital will allow students to make occasional copies of radiographs for school assignments. Patient names must be removed from the copies. CDs must be made anonymous meaning without patient information Students may not make copies for their own personal use.

(5/8/21)

## **9.15**

### **BENCHMARKS**

To assist the Program in gauging it's effectiveness, benchmarks have been set:

95% Five year pass rate on the A.R.R.T. Examination in Radiography

60% Five year program completion rate (in two years)

65% Five year program completion rate (in three years)

(5/10/02)

**41.0 GRIEVANCE PROCEDURE** - The Radiologic Technology Program takes student complaints seriously. A full explanation of the Grievance Procedure is available in the College Catalog and college-wide student handbook.

(6/14/99)

In general: Students should always try to solve disagreements by first talking with the instructor. If the student cannot solve the issue by talking with the instructor, they can then talk with the Department Chairman. If the grievance is with the Department Chair, the student may then go to the Associate Vice President for the Health Professions.

**42.0 ACCREDITATION STANDARDS:** The Accreditation Standards are available at the Joint Review Committee on Education in Radiologic Technology web site, [www.jrcert.org](http://www.jrcert.org). If a student feels that the Program is not in compliance with a STANDARD, they are free discuss this with the Department Chairman or contact the Joint Review Committee on Education in Radiologic Technology. The JRCERT contact information can be found through their website.

(6/14/99)

If a student feels that the Radiologic Technology Program is not in compliance with a JRCERT Standard, the student must understand that contacting the JRCERT is not a step in the formal Orange County Community College's grievance procedure. An individual must first attempt to resolve the complaint directly with the College's officials by following the College's grievance procedures. If the individual is unable to resolve the complaint with institution/program officials or



believes that the concerns have not been properly addressed, he or she may submit allegations of non-compliance directly to the JRCERT. (12/2015)

**43.0 AWARDS** - The following is a list of possible awards given at the pinning ceremony in August:

- Academic Excellence Award - Is awarded to that student who has the highest academic average in Radiologic Technology courses AND a superb attitude to learning. The highest average by itself is no guarantee of receiving the award. (6/14/99)
- Clinical Excellence Award - Is awarded to that student who has distinguished himself as having excellent clinical skills, teamwork AND a superb attitude to Radiologic Technology and learning. (6/14/99)
- The Fred Bohn Award - Is given occasionally to students who have distinguished themselves by demonstrating an unusually good spirit, determination, or perhaps defied their own personal odds during their course of study

(8/6/22)

**44.0 TRANSFER CREDIT** - The Program has a responsibility to protect patients and therefore believes it's our duty and right to witness a student for all competency and/or skills testing as they will work with real patients in the clinical setting and interpret real prescriptions, patient's charts and so forth. Because of this our department will not accept transfer credits for ANY Radiography courses or clinical competencies from another institution. (8/6/22)

**45.0 EXPENSES:** Medical books are very expensive. Faculty are constantly looking for the best books that will fulfill the course requirements at the lowest price. The cost of the books used in the program is listed under Program Expenses on the Department Webpage (<http://www.sunyorange.edu/di/expenses.shtml>). (11/1/16)

In addition to the above expenses, there are miscellaneous costs within the radiography program such as transportation to / from clinical sites (cost of gas, maintaining the safe & working condition of personal vehicles) each semester. (11/1/16)

**46.0 CPR** - The A.R.R.T. requires that graduates be competent in CPR to be eligible to take the National Boards. Students must get pre-approved by the Clinical Coordinator and or the Department Chair before taking any CPR course to make sure that it meets the ARRT requirements. (11/1/16)

**47.0 WORKING AS A RADIOGRAPHER** - It is against New York State law for any unlicensed person to work as a Radiographer. This law also applies to student Radiographers.

Students may not, under any circumstances, participate in the radiography of patients at any other facility other than clinical. Participation in radiography is not limited to taking the exposure but includes measuring and positioning patients, manipulating the tube, setting a technique, inserting a cassette in a bucky tray or upright holder.

Students may be employed to perform such duties as developing x-ray film, preparing developing solutions, assisting patients into proper attire or similar duties usually performed by an aide. If you feel that you are in a situation that violates this regulation you should speak to the department chair immediately. (3/11/96)

#### **48.0 DEPARTMENT WEBPAGE**

Additions or changes to the Radiologic Technology Program policies and procedures will be posted to the department website within 30 business days. Important policies changes such as those to the handbook are emailed to students ASAP as well. (12/2015)

**49.0 ELECTRICAL SAFETY POLICY:** The following applies to students in clinical courses as well as in the Diagnostic Imaging Department labs:

- Do not handle any electrical equipment with wet hands or while any portion of your body is in direct contact with any wet surface.
- Do not use equipment that has frayed wires, or broken plugs. Report such equipment for repair to a supervisor.
- Do not reset circuit breakers without authorization of an immediate supervisor or appropriate individuals of the hospital engineering department.
- Do not remove outside covers from any electrical equipment.
- Do not use equipment that is not:
  - identified as double insulated
  - equipped with a three prong grounded plug
- Do not use equipment that has been labeled "Unsafe for Use - Faulty Ground". No electrical equipment will be used in the Diagnostic Imaging Department that is not factually known to have been accepted by the maintenance and engineering department, Administrative Director, Physicist, or other approval personnel.
- Do not use electrical equipment if there is any odor permeating from the equipment that would suggest malfunction.
- Do not place any form of liner over air vents. Circulation through the vents are necessary to maintain proper cooling of the components.
- Turn off all electrical equipment when not in use. Do not leave electrical equipment on if it is to be left unattended for periods of time greater than one hour.
- Power will be shut off to electrical equipment while maintenance is being performed unless the power is specifically authorized to be left on by an authorized person performing the maintenance. (5/2016)

**50.0 MR (MAGNETIC RESONANCE) SAFETY POLICY**

Radiologic Technology Students must be fully aware that Magnetic Resonance (MR) machines generate a very strong magnetic field within and surrounding the MR scanner. The magnetic field is ALWAYS on. Carrying ferromagnetic articles or introducing them to the MR scanning area can cause these objects to become projectiles within the scanning room causing serious injury or death and/or equipment failure.

The focus of the Radiologic Technology Program is Radiography. Students do not have a clinical rotation in Magnetic Resonance. Because of the potential dangers associated with MR, Radiologic Technology Students are **NOT** allowed in the Magnetic Resonance Imaging area. This means that Radiologic Technology Students may **NOT** enter an MR area or give lifting help, move or transport a patient or any item in a Magnetic Resonance area.

Because students may have clinical rotations with Magnetic Resonance in their general area, students may not attend clinical without first:

- Watching an MR Safety Video
- Filling out the "Student Magnetic Resonance (MRI) Screening Form
- Having the MR Screening Form reviewed by the Department Chair. Students must report any changes to status from the date of the initial screening form must be reported to the Dept. Chair to update the paperwork. (5/2016)

**51.0 COVID-19 PANDEMIC**

The COVID-19 pandemic has changed all aspects of life and the this includes college programs or instruction. Students need to be as flexible as possible with the understanding things

change, at times, daily from campus instruction to policies at clinical or even clinical site/hours of availability. Due to the nature of the profession, standards and requirements, the program cannot be fully offered online or via distance learning. Students will need to come to campus for all labs, most lectures (a few courses are DL), and attend clinical in various hospital or outpatient locations.

- See the college website regarding COVID testing and current policies.
- Masking may or may not be required depending on the season and what the CDC recommends. Masking might be required for labs with close human contact.
- Student cost might rise due to specific PPE needs at clinical.
- Students are guests at clinical and sites reserve the right to require COVID vaccination/boosters.
- Students should understand when referring to schools or the community setting the Department of Health uses “Proximity Contact” not “Close Contact” when deciding to give orders of quarantine.
- ZOOM is used for emergency purposes only when a student, group of students or the instructor cannot come to campus due to exposure. It is not used for convenience such as running late to lab/class, doctors appointments, dentist appointments, work schedule conflicts, and so forth. However, zoom is not suitable nor does it take place of hands on lab nor skills testing. These items must take place on campus even if they are grossly delayed.

For more information visit the college’s COVID page regarding this topic including FAQ.  
<https://sunyorange.edu/covid-19/index.html> (8/16/22)

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## **Appendix A:**

### **Professional Licensure Disclosure**

New York State prides itself in the high quality of its licensed and certified professionals. For the protection of its citizens, each license and certificate have requirements that individuals must meet in order to be licensed or certified in New York State. SUNY's academic programs leading to licensure or certification are carefully designed to meet and exceed these State requirements. This is a role SUNY plays in protecting the public. Other states frequently have their own requirements, so if your goal is to practice in another state, this disclosure will help you check to see what that state requires.

Per U.S. Federal Regulations, §668.43 (2019 Rule), and in compliance with the State Authorization Reciprocity Agreements (SARA) Manual version 19.2, Orange County Community College provides the following disclosure related to the educational requirements for professional licensure and certification.<sup>1</sup>

This Disclosure is strictly limited to the Orange County Community College's determination of whether the below educational programs - that if successfully completed, would be sufficient to meet the educational licensure or certification requirements in a State.<sup>2</sup>

- Associate in Applied Science - Radiologic Technology

Orange County Community College cannot provide verification of an individual's ability to meet licensure or certification requirements unrelated to its educational programming. Such individual determinations are made by state licensing boards and are fact-specific determinations.

This disclosure does not provide any guarantee that any particular state licensure or certification entity will approve or deny your application. Furthermore, this disclosure does not account for changes in state law or regulation that may affect your application for licensure and occur after this disclosure has been made. Enrolled students and prospective students are strongly encouraged to contact their State's licensure entity using the links provided to review all licensure and certification requirements imposed by their state(s) of choice.

### New York State Licensed Professions

State	Licensure contact
New York	<a href="http://www.op.nysed.gov/prof/">http://www.op.nysed.gov/prof/</a>

### Specific Areas of Study

Area of study	States where program meets licensing requirements	States where program does not meet licensing requirements	States for which has not determined if program meets licensing requirements
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<b>Associate in Applied Science - Radiologic Technology</b>	<b>New York</b>		<b>Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming</b>
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<sup>1</sup>The terms related to licensure and certification, among others, vary by state and your state may use different terms.

<sup>2</sup> This determination is based on the educational and curricular requirements of each state for licensure (i.e., excluding any special, temporary licensure that may be granted) and does not imply that other requirements for licensure do not exist or have been determined to have been met by this program or that any necessary approvals for clinical placements have been secured at the time of enrollment. A license in the state of intended practice is a requirement of entry and continuation in the program. Each student should verify their particular situation with their intended state's licensing entity.

**Radiologic Technology Program  
Diagnostic Imaging Department  
Orange County Community College  
Middletown, New York**

**Radiography Program Student Handbook Signature Page**

I have received an electronic and hard copy of the Orange County Community College's Diagnostic Imaging Department's Radiologic Technology Student Handbook dated November 2022.

**I understand that:**

- The Radiography Program Student Handbook will be one of the references used in my Introduction To Radiologic Technology class.
- Many of the Student Handbook policies (not all) refer to clinical courses in the Radiologic Technology Program.
- I will be held responsible for following all of the Student Handbook rules and regulations pertaining to Radiologic Technology Program and the Diagnostic Imaging Department.
- I am also responsible for reading the college catalog and the college wide student handbook, which has policies and procedures, which relate to all students at SUNY Orange.
- In addition to the required Radiologic Technology courses, I am required to take the required Non-Radiologic Technology courses no later than the semester listed in the College Catalog.
- Failure to take courses in the required sequence may affect my ability to progress in the Radiologic Technology Program and/or graduate on time.
- It is my responsibility to see my Diagnostic Imaging Department Advisor if I have questions about registration requirements.
- These policies are meant to protect students, protect my patients, and adhere to Health Department Law and Accreditation requirements.

**NOTE:** Failure to read **Radiologic Technology Program Student Handbook** or any other school publication does not excuse the student from the rules and regulations of the Radiologic Technology Program. While the announcements present in this Student Handbook apply as of the date of publication, the Orange County Community College's Diagnostic Imaging Department reserves the right to make such changes as circumstances require.

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**SIGNATURE**

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**DATE**

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**Print Name**

# STANDARDS FOR THE RADIOLOGIC TECHNOLOGY PROGRAM

Radiography at the associate degree level includes several essential functions (cognitive, physical, and psychosocial, etc.). Among the most important are providing direct care for individuals and applying knowledge in the skillful performance of radiography functions. This includes being able to assess patients, perform exams, and report on patient conditions that include but are not limited to wounds, fractures, child abuse, communicable diseases, blood and other body fluids (see also 35.0 Technical Standards). In order to successfully complete program outcomes, students must possess sufficient abilities to perform the essential functions.

<b>Essential Functions</b>	<b>Description</b>	<b>Yes</b>	<b>No</b>	<b>If no, please comment</b>
<b>Visual Acuity</b>	Possess the visual acuity to accurately prepare and administer contrast agents, image evaluation (i.e., artifacts, pertinent pathology, exposure details), prescription/exam accuracy, IV insertion, and for the critical observations in client assessment while in the radiographer’s care. <i>(Please comment if corrective devices are required.)</i> . Visual acuity is defined as: 1) near clarity of vision at 20 inches or less (corrected), and 2) far clarity of vision at 20 feet or more (corrected).			
<b>Auditory Perception</b>	Possess sufficient hearing to assess patient’s needs, to receive verbal communication from clients and members of the health care team (i.e. surgeons directions in the operating room, doctors directions in the emergency room during trauma cases) at reasonable tone, to hear sounds depicting changes in client status (i.e. choking during contrast exam), and to assess the physiologic condition of clients through the use of assessment equipment and monitoring devices (i.e.: cardiac monitors, stethoscopes, IV infusion pumps, safety alarms) and radiation devices (exposure rotor/switch, 5 min radiation warning, radiation door alarms etc.). <i>(Please comment if corrective devices are required.)</i>			
<b>Ability to smell</b>	Possess sufficient ability to detect odors that indicate changes in the physiological status of the client, or unsafe environmental conditions.			
<b>Fine and Gross Motor Coordination</b>	Possess sufficient physical strength and coordination to respond promptly to and to implement the skills required in meeting client health needs in all health care settings in routine and emergency care. This includes having: 1) fine motor coordination, such as in assessing a client's pulse, preparing and giving contrast agents (oral or enema), preparing injectable agents, IV insertion for contrast, maintaining asepsis, sterile technique, or performing other radiography skills; 2) gross motor coordination, with the ability to move freely while observing, assessing and performing all aspects of client care (i.e., hygiene, changing (or assisting), usage of positioning aids for immobilization), large motorized equipment (C-arm in surgery & mobile units at bedside), fluoroscopy and ceiling mounted equipment; 3) ability to lift and support at least 35 pounds to reposition, transfer, and ambulate clients safely. <i>See additional information under E. physical health.</i>			
<b>Physical Health</b>	Possess sufficient physical health and wellness at a level that promotes functioning at maximum capacity and that avoids placing clients and other health care workers at risk for illness and injury. This also includes standing for long hours wearing heavy lead i the operating room or performing numerous orthopedic cases requiring repetitive bending to the floor for lower extremity exams. <i>Note: clinical sites do not allow for restrictions such as lifting/weight limits, standing limits, braces (i.e., ankle or wrist), walking boots, casts or so forth. One must be cleared completely “without restrictions” to participate in clinical and possibly lab as well.</i>			
<b>Ability to Communicate</b>	Able to communicate with clients and members of the health team, including the ability to: 1) speak clearly and effectively to clients and members of the health team; 2) communicate in ways that are safe and not unduly alarming to clients, family members, and other members of the health care team; 3) read and comprehend written course materials, read and interpret client care documents, and read and follow health care institution policies and procedures; 4) write in a legible, accurate and concise documentation style which is appropriate, using grammatically correct English language			

Essential Functions	Description	Yes	No	If no, please comment
<b>Intellectual Function, Cognitive Ability and Emotional Capacity</b>	Able to plan and provide care for individuals, implementing skills and new technology. Able to interact purposefully and effectively with others. Able to convey sensitivity, respect, tact, and a mentally healthy attitude.			
<b>Psychological Stability</b>	Able to perform at the required levels in the clinical portions of the program. Oriented to reality and not mentally impaired by mind-altering substances. Able to function safely and effectively during high stress periods. When students exhibit conduct and behavior which the faculty or clinical site determines to be inconsistent with providing effective and safe care, the faculty reserves the right to remove students from the immediate setting including behavioral intervention documentation with the Wellness Center. Ethics which assure the exclusion of substance abuse, and/or the use, possession, distribution of illicit drugs, engagement in illegal activities, or activities and behavior deemed unethical by the Department or the College's student conduct standards.			

Note: These examples of essential functions are not intended as a complete listing of Radiography practice behaviors but are a sampling of the types of abilities needed by the Radiography student to meet program objectives and requirements. The Radiography Department reserves the right to amend this listing based on the identification of additional critical behaviors or abilities needed by students to meet program or agency requirements.

**Read** the declarations below and sign only **one** option. *If you are unable to fully meet any essential function, you will need to contact the Office of Accessibility Services, [accessibilityservices@sunyorange.edu](mailto:accessibilityservices@sunyorange.edu) to request reasonable accommodations.*

I have reviewed the Essential Functions for this program, and I certify that to the best of my knowledge **I currently have the ability to perform these functions.** I understand that further evaluation of my ability may be required and conducted by the Radiography faculty if deemed necessary to evaluate my ability prior to admission to the program and for retention and progression through the program.

I have read the Essential Functions for this program, and **I currently am unable to fully meet the items indicated without accommodations.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Student ID

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Physician's Stamp

\_\_\_\_\_  
Date